



**Save the Children®**

**The Partnership for Equity, Access And Quality (PEAQ)**  
**Project: *Ensuring the Pathway to Survival***

**Final Knowledge, Attitudes and Practices in Health Survey**  
**2003**

**Balaka District, Malawi**

**Save the Children/US**  
**Malawi Field Office**

**December 2003**

Prepared by:  
David Patterson, Save the Children/US  
Allison Zakaliya, Save the Children/US  
Eric Swedberg, Save the Children/US

## **Acknowledgements**

We, at Save the Children, would like to thank the people of Balaka District who gave us their time and support to participate in this study.

We would also like to thank the Balaka field staff as well as the MOHP staff for their contributions, support and enthusiastic participation in this survey. Special thanks goes to the Mangochi Save the Children staff who traveled daily to and from Mangochi to work on the data input and analysis.

An additional special thanks goes to the Ministry of Health and Population in Balaka. They too put in long hours, not only to see the final survey successfully carried out, but also as partners in the PEAQ project working to ensure a better and healthier life for the mothers and children of Balaka District.

## Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ARI	Acute Respiratory Infection
BCG	Tuberculosis Vaccine (Bacillus Calmette-Guerin)
BLM	Banja La Mtsogolo
CHAPS	Community Health Partnerships
DIP	Detailed Implementation Plan
DPT	Diphtheria,/Pertussis/Tetanus Vaccine
EA	Enumeration Area
HIV	Human Immunodeficiency Virus
GOM	Government of Malawi
IMCI	Integrated Management of Childhood Illness
KPC	Knowledge, Practice and Coverage
MOHP	Ministry of Health and Population
NAC	National AIDS Commission
NSF	National Strategic Framework
ORS	Oral Rehydration Solution
ORT	Oral Rehydration Therapy
PEAQ	Partnership for Equity, Access and Quality
PNC	Post Natal Care
PVO	Private Voluntary Organization
RHF	Recommended Home Fluids
SC/US	Save the Children /US
SP	Sulfadoxine-pyrimethamine
STI	Sexually Transmitted Infection
TBA	Traditional Birth Attendant
TT	Tetanus Toxoid
UNICEF	United Nations Children's Fund
WHO	World Health Organization

## Table of Contents

Acknowledgements.....	2
Acronyms.....	3
Figures .....	5
Tables.....	6
Chapter 1.....	8
1 Introduction.....	8
1.1 Background .....	8
1.2 Health Indicators.....	9
1.3 Health Resources .....	9
1.4 Objectives of the Survey.....	9
1.5 Survey Design.....	9
1.6 Data collection and processing .....	11
Chapter 2.....	12
2 Household Characteristics .....	12
2.1 Household Population.....	12
2.2 Age-Sex Composition.....	12
2.3 Home-based Care.....	13
Chapter 3.....	16
3 Family Planning.....	16
3.1 Ever use of Contraception .....	16
3.2 Current use of contraception.....	17
3.3 Number of children at first use of contraception.....	21
3.4 Source of Supply of Contraceptives .....	21
3.5 Distance to source of modern contraceptive methods. ....	23
3.6 Reasons for not using contraception.....	23
Chapter 4.....	25
4 Child and Maternal Health.....	25
4.1 Vaccinations .....	25
4.2 Vitamin A Coverage .....	29
4.3 Acute Respiratory Infection.....	32
4.4 Diarrhea .....	34
4.5 Fever .....	36
4.6 Breastfeeding and Supplementation .....	40
4.7 Maternal Health .....	45
Chapter 5.....	51
5 Sexually Transmitted Infections and Acquired Immune Deficiency Syndrome .....	51
5.1 Awareness of STIs .....	51
5.2 Self-reporting of Recent Sexually Transmitted Infections .....	53
5.3 HIV/AIDS Knowledge and Awareness .....	54
5.4 Perceptions of the Risk of Getting AIDS .....	62
5.5 Changes in Behavior .....	66
Chapter 6.....	70
6 Conclusion.....	70
Annexes (Questionnaires).....	71
CS-15 Malawi Final Knowledge, Attitudes, and Practices in Health Survey	4
Save the Children	

## Figures

Figure 1: Population Pyramid .....	13
Figure 2: The Distribution by method of modern family planning use by currently unmarried women. ....	19
Figure 3: Trends in the use of modern methods among currently married women and men by age group .....	20
Figure 4: percentage of children age 12-23 who received specific vaccines (by card and report) .....	28
Figure 5: Percentage of children age two years or under who had received at least one dose of vitamin A by background characteristics .....	31
Figure 6: Percentage of Children Who were Breastfed Within One hour of Birth by Place of Delivery .....	42

## Tables

Table 2.1.1 Sample/response rate .....	12
Table 2.2.1 Household Population.....	12
Table 2.3.1 Home-based care .....	14
Table 2.3.2 Background characteristics of respondents .....	14
Table 3.1.1 Ever use of contraception: women .....	16
Table 3.1.2. Ever use of contraception: men .....	17
Table 3.2.1 Current use of family planning: women.....	18
Table 3.2.2 Current use of family planning: men.....	18
Table 3.3.1 Number of Children at first use of contraception.....	21
Table 3.4.1 Source of supply for modern contraceptive methods .....	22
Table 3.5.1 Distance to source of modern contraceptive methods .....	23
Table 3.6.1 Reasons for not using contraception.....	24
Table 4.1.1 Vaccination by source of information .....	27
Table 4.1.2 Vaccination by background characteristics .....	29
Table 4.2.1 Vitamin A coverage of children .....	29
Table 4.3.1 Prevalence of difficult or fast breathing and treatment outside the home .....	33
Table 4.3.2 Prevalence of cough.....	34
Table 4.4.1 Prevalence of Diarrhea .....	35
Table 4.4.2 Treatment of diarrhea .....	36
Table 4.5.1 Prevalence of fever and treatment outside the home .....	37
Table 4.5.2 Treatment of fever at health center .....	38
Table 4.6.1 Breastfeeding .....	40
Table 4.6.2 Initial Breastfeeding .....	41
Table 4.6.1 Breastfeeding and supplementation.....	43
Table 4.6.2 Caretakers Knowledge on timing of supplementary feeds/fluids.....	44
Table 4.6.1 Caretakers knowledge of food containing vitamin A.....	44
Table 4.7.1 Antenatal Care .....	45
Table 4.7.2 Services received during antenatal care.....	46
Table 4.7.3 Number of antenatal visits and stage of pregnancy.....	47
Table 4.7.4 Place of delivery.....	48
Table 4.7.5 Assistance during delivery.....	49
Table 4.7.6 Postnatal care .....	49
Table 5.1.1 Knowledge of sexually transmitted disease: women.....	52
Table 5.1.2 Knowledge of sexually transmitted diseases: men.....	53
Table 5.2.1 Self-reporting of sexually transmitted diseases in the past year.....	54
Table 5.3.1 Knowledge of HIV transmission: women.....	55
Table 5.3.2 Knowledge of HIV transmission: men.....	56
Table 5.3.3 Knowledge of ways to avoid AIDS: women.....	58
Table 5.3.4 Knowledge of ways to avoid AIDS: men.....	59
Table 5.3.5 Awareness of AIDS-related health issues: women.....	60
Table 5.3.6 Awareness of AIDS-related health issues: men .....	61
Table 5.4.1 Perception of risk of getting AIDS: women.....	62
Table 5.4.2 Perception of risk of getting AIDS; men.....	63
Table 5.4.3 Reasons for perception of small or no risk of getting AIDS .....	65

Table 5.4.4 Reasons for perception of moderate or great risk of getting AIDS .....	66
Table 5.5.1 AIDS prevention behavior: women.....	68
Table 5.5.2 AIDS prevention behavior: men.....	69

## Chapter 1

### 1 Introduction

#### 1.1 Background

The PEAQ program (1999-2003) has been implemented in the Balaka District of southern Malawi. Balaka is a rural district that is distant from urban centers and also from the resource-rich Lake Malawi area. It is approximately 200km from Lilongwe, the country's capital and 100 km from Blantyre, Malawi's commercial capital. Sources of employment are scarce, and the primary livelihood of Balaka households is rain-fed agriculture. In consequence, poverty levels are extremely high. In addition, health services in Balaka have been relatively poor and limited because it is a new district. At the time of its separation from Machinga District Balaka did not even have a district hospital. The Save the Children Federation, US (SCF/US) chose Balaka District as the location for the PEAQ program because it was in special need of capacity- and institution-building in the health sector.

PEAQ's interventions have been focused upon a suite of maternal and child health interventions that emphasized the following:

- Maternal and newborn care
- Family planning
- Child health – including malaria control, control of diarrheal diseases (CDD), acute respiratory infection (ARI), breastfeeding and immunization.
- STI/HIV prevention.

The key implementation strategies have been:

- Partnering and institutional development,
- District-level replication through the Living University approach
- Health System Strengthening
- Strengthening the community component of IMCI
- Operational Research to test methods that support the community component of IMCI

The 2002 mid-term evaluation of PEAC noted a number of program accomplishments. Specifically, PEAQ was found to have carried out an extensive training program that has achieved a great deal at the community level. Knowledge and activities of community organizations, volunteers and outreach personnel (including Village Health Committees and activities of Health Surveillance Assistants) had also improved as a result of the program. The program was praised for having strengthened supervision of the district's Health Surveillance Assistants (HSAs), responsible for community organization, by introducing a zonal supervision system that divided Balaka District into six supervisory zones under the responsibility of Zone Coordinators. Immunization coverage had improved, a drug revolving funds (DRFs) activity had been initiated, use of iron CS-15 Malawi Final Knowledge, Attitudes, and Practices in Health Survey  
Save the Children



supplements during pregnancy and delivery by trained attendants had increased, and the program had more than doubled the number of community-based distribution agents (CBDAs) of contraception as of the midterm (from 46 to 106). 103 HSAs had been trained as core family planning providers and 24 Community Male Motivators had been trained to promote family planning. All family planning providers have begun to provide counseling on the full array of methods. PEAQ's HIV/AIDS component trained 80 home-based care volunteers (HBCVs) and 25 counselors.

## **1.2 Health Indicators**

In 1996, when Balaka was a part of Machinga District, infant mortality was measured at 173/1000. At that time this was considerably higher than the national rate of 134/1000. The national infant mortality rate was measured in the Demographic Health Survey in 2000 at 104/1000 live births. Because of HIV/AIDS this lowered mortality rate is projected to rise again to 200/1000 live births. There is no new data on infant mortality in Balaka District.

## **1.3 Health Resources**

The District has 205 beds: 84 are found in the District Hospital and the remainder are found in the eight health centers and two dispensaries. The Ministry of Health and Population operates 5 health centers while CHAM operates 5. There are 11 private clinics one of which belongs to Banja La Mtsogolo (BLM). CHAM facilities offer no family planning care.

## **1.4 Objectives of the Survey**

The PEAQ Program in Balaka District has now reached its conclusion. From, July 19-August 8, 2003, a final evaluation was carried out to assess the program's progress in reaching its objectives. This document reports the results of the survey research component of the evaluation.

The specific objectives of the baseline survey were to:

1. Assess knowledge attitude and practice regarding child survival activities
2. Assess coverage of community level activities
3. Appraise services at the health center level;
4. Formulate an appropriate action plan for accomplishing project objectives
5. Collect data to facilitate monitoring and evaluation of the project.

The final survey will examine differences between the baseline and final survey in terms of objectives 1-3.

## **1.5 Survey Design**

The area-sampling frame for the survey comprised 265 enumeration areas (EAs) based upon the 1998 national census. A multi-staged cluster sampling procedure was followed just as in the baseline survey. Thirty enumerator areas (EA) were selected and within each EA, 35 households were selected in turn. This yielded a total of 1,050 households for the sample. A random sampling interval of 8954 was calculated by dividing the projected district population of 268,629 by 30. Using EPI INFO statistical package, a random number, 6371 between 1 and 8954 was generated to choose the first of 30 clusters. The Enumeration area with the lowest cumulative population higher than 6371 was selected as the first cluster. This enumeration area had a cumulative population of 6519. The remaining 29 clusters were systematically chosen. To get the second cluster, the random number 6371 was added to 8954, which resulted into 15,325. The Enumeration area with the lowest cumulative population higher than 15,325 was selected as the second enumeration area. This process was repeated until all the 30 clusters were selected.

To select households, the village headman's house served as the starting point. The interviewers would spin a bottle and then take the direction it pointed to and then select the first household encountered. Upon exiting the first household, the next household in the same direction as the first one was selected and the process repeated until 35 households were identified. For identification purposes and later follow up, the 1998 census household number or some unique household address was recorded on the questionnaire. Within each household, eligible women (15-49 years), eligible men (15-54 years), and eligible caretakers to the children under two years were selected and interviewed. In the event of any household eligible interviewee being unavailable, the interviewers would return up to four times to try to interview them.

Four types of questionnaires were used for the survey: Household, female, male and caretaker questionnaires, all of which were based on the Demographic Health Survey (DHS) model.

The household questionnaire was used to list all the usual members of the households including age and gender of each member. This questionnaire was used to identify eligible men, women and caretakers for individual interviews. It was also used to collect information about knowledge of home-based care.

The female questionnaire was administered to all women aged 15-49 years. The women were asked questions on the following topics: background information on reproductive health, knowledge and use of family planning methods awareness and risk-related behavior regarding HIV/AIDS and STIs.

The male questionnaire was used to collect information on all men aged 15-54 years. Men were asked similar questions as women except those on pregnancy and antenatal care.

The caretaker questionnaire was administered to the individual most responsible for taking care of each child under twenty-four months old. In most cases, the caretaker was

the mother of the child. In cases where the mother was away from the household, the individual familiar to the with the child's health history and immunizations was interviewed. Topics included background characteristics of the caretaker, antenatal care and delivery of the child, breastfeeding and nutrition of the child, management of diarrhea in the two weeks prior to the survey, acute respiratory infection, and malaria. Thirty interviewers with a minimum qualification of Malawi School Certificate Of Education (MSCE) were trained and participated in the data collection process under the supervision of 5 zone coordinators who also received appropriate training field activities and data quality control.

Thirty interviewers and six supervisors were identified and trained over a five day period. The training topics covered in the interviewer training sessions were: the purpose of the final survey, selection of eligible respondents, roles and responsibilities of survey personnel, a review of the questionnaire, interviewing techniques and principles, interview practice, field procedures, field logistics and transport plans, field practice, and a review of field plan for data collection. Supervisor training included topics such as: the purpose of the final survey, selection of eligible respondents, supervisory activities, and a review of the questionnaire and questionnaire editing. The supervisors participated in the interviewer training as facilitators and co-trainers.

### ***1.6 Data collection and processing***

Data collection was done in six groups of five interviewers and one supervisor per group and each group was assigned to collect data in one of the six zones of the district. The group supervisor was responsible for making sure that any mistakes made by interviewers are corrected before questionnaires were sent for data entry. Complete questionnaires were being sent to the computer room and recorded on the data entry monitoring sheets by data editors who comprised of data entry supervisors and master field supervisors. Edited and complete questionnaires were being handed over to data entry clerks for data entry. Eight experienced data entry clerks were hired and completed the data entry process in 14 days. 10% of the questionnaires were re-entered in separate files for quality check and mistakes were corrected as part of the data cleaning.

Further data cleaning involved tracing missing values, correcting the inconsistencies in the field values, screening the outliers identifying and purging duplicate cases and illegible respondent cases.

Initial analysis of data was done using Epi Info 6.04 software this was before data cleaning and entering callbacks. Data cleaning and final analysis was done using SPSS 11.5 (for windows) software.

## Chapter 2

### 2 Household Characteristics

#### 2.1 Household Population

A total of 1136 households were contacted for the survey and 1119 of them were interviewed, yielding a household response rate of 98.5%. Response rates for eligible men and eligible women were nearly the same at 58.9% and 60.9% respectively. Almost 50% of eligible caretakers were interviewed

**Table 2.1.1 Sample/response rate**

The number of households sampled and response rates, PEAQ, Balaka 2003.		
	Response rate (%)	Number of households
<b>Household interviews:</b>		
Households sampled		1136
Households interviewed	98.5	1119
<b>Individual interviews:</b>		
Number of eligible women		1467
Number interviewed	60.9	894
Number of eligible men		1377
Number interviewed	58.9	809
Number of eligible children		691
Number of caretakers interviewed.	49.8	344

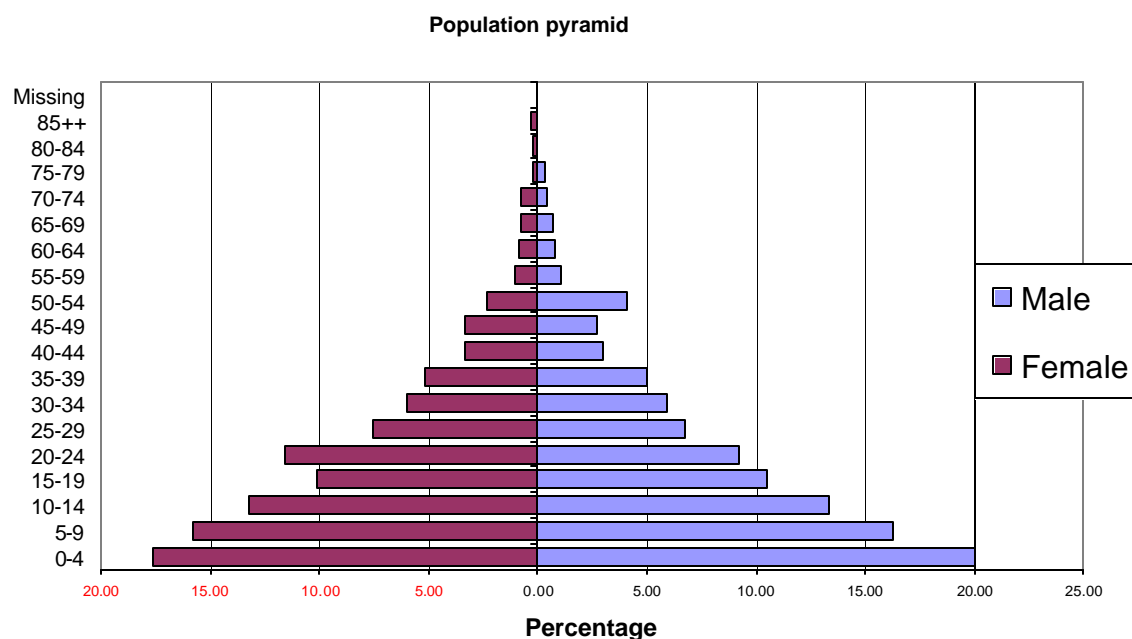
#### 2.2 Age-Sex Composition

**Table 2.2.1 Household Population**

Percentage distribution of the de facto Balaka district household population, according to age and sex, Balaka PEAQ, 2003.				
Age	Male	Female	Total	Number of individuals
0-4	20.0%	17.6%	18.8%	1,137
5-9	16.3%	15.8%	16.0%	969
10-14	13.3%	13.2%	13.2%	802
15-19	10.5%	10.1%	10.3%	624
20-24	9.2%	11.6%	10.4%	632
25-29	6.7%	7.5%	7.1%	430
30-34	5.9%	6.0%	6.0%	361
35-39	5.0%	5.2%	5.1%	309
40-44	3.0%	3.3%	3.1%	190

45-49	2.7%	3.3%	3.0%	181
50-54	4.1%	2.3%	3.2%	191
55-59	1.1%	1.0%	1.0%	62
60-64	0.8%	0.9%	0.8%	51
65-69	0.7%	0.8%	0.7%	45
70-74	0.4%	0.8%	0.6%	36
75-79	0.3%	0.2%	0.3%	16
80-84	0.0%	0.2%	0.1%	8
85++	0.0%	0.3%	0.2%	11
Missing	0.0%	0.0%	0.0%	1
Total	48.6%	51.4%	100.0%	6,056

**Figure 1: Population Pyramid**



### **2.3 Home-based Care**

Twenty-five per cent of households in Balaka have heard of home based care and nearly 9% of households are caring for someone who is sick. In the baseline survey these numbers were 10.6% and 3.5% respectively. Only 1.1% of households admit to having an HIV positive member. At baseline .6% stated that there was a household member with HIV.

**Table 2.3.1 Home-based care**

Households trends regarding home based care, Balaka PEAQ, 2003 N=1033	
Have you ever heard regarding home based care?	25.4%
Is there someone in the household who is assisting a sick person in the home?	8.5%
Is anyone in the household suffering from HIV/AIDs?	1.1%

Background characteristics of respondents are summarized in the following table.

**Table 2.3.2 Background characteristics of respondents**

Percentage distribution of women and men by selected background characteristics, PEAQ, Balaka, 2003				
Background characteristics	Women		Men	
	%	Number of women	%	Number of men
<b>Age</b>				
15-19	12.9	115	15.7	127
20-24	27.2	243	19.0	154
25-29	18.5	165	16.2	131
30-34	15.4	138	12.4	100
35-39	13.1	117	13.0	105
40-44	6.7	60	7.2	58
45-49	6.3	56	5.7	46
50-54	0	0	10.9	88
<b>Marital status</b>				
Never married	7.8	70	24.5	198
Married	78.7	704	72.3	585
Widowed/Separated/Divorced	13.4	120	3.3	26
<b>Education</b>				
No education	25.6	229	14.8	120
Primary	64.4	576	68.5	554
Secondary or Higher	10.0	89	16.7	135
<b>Ethnicity</b>				
Yao	33.8	302	34.0	275
Lomwe	21.4	191	23.0	186
Ngoni	23.9	214	23.1	187
Chewa	6.9	62	9.6	78
Other	14.0	125	10.3	83

<b>Religion</b>				
Protestant	36.2	324	40.9	331
Muslim	33.6	300	30.8	249
Catholic	23.0	206	26.7	216
Traditional	1.0	9	0.4	3
Other	6.0	54	1.2	10
Total	100.0	894	100	809

## Chapter 3

### 3 Family Planning

Forty-five per cent of all women and 44% of men have ever used any form of contraception including traditional or modern methods. This contrasts sharply with the figures from the baseline study. At that time only 27% of women and 22 % of men reported ever using contraception. Among married women, 43% of married women have ever-used a contraceptive while among married men 41% have used a contraceptive at some time in their lives. Injectables are the most commonly used modern contraceptive both among all women (30.9%) as well as among currently married women (33.9%). Twenty-seven percent of men report ever using a condom for contraception. Use of other forms of contraception reported by men is negligible. This dramatic rise in use of contraception is consistent with the Project's promotion of modern contraceptive methods. (See Tables 3.1.1 and 3.1.2 below)

#### 3.1 Ever use of Contraception

**Table 3.1.1 Ever use of contraception: women**

Percentage of all women, of currently married women, and of sexually active unmarried women who have ever used any contraceptive method, by specific method and age, PEAQ Balaka, 2003												
Modern methods										Traditional methods		
Age	Any method	Any modern method	Pill	Injectables	Diaphragm/ Foam/ Jelly	Condom	Female sterilization	Male sterilization	Ex-clusive breast feeding	Other traditional methods	Never used any method	Total women
			ALL WOMEN									
15-19	29.4	27.1	2.4	14.1	1.2	10.6	0.0	0.0	2.4	7.1	70.6	85
20-24	45.9	44.2	4.1	33.1	0.8	10.3	0.4	0.0	2.1	7.4	54.1	242
25-29	49.7	46.7	6.1	35.2	0.0	9.1	0.0	0.0	3.6	9.1	50.3	165
30-34	58.7	53.6	13.0	42.8	0.0	7.2	0.7	0.7	4.3	11.6	41.3	138
35-39	45.3	41.9	8.5	31.6	0.0	5.1	3.4	0.0	2.6	8.5	54.7	117
40-44	38.3	33.3	10.0	20.0	0.0	3.3	6.7	0.0	0.0	8.3	61.7	60
45-49	30.4	21.4	5.4	16.1	0.0	1.8	5.4	0.0	1.8	12.5	69.6	56
<b>Total</b>	45.4	41.9	6.8	30.9	0.3	7.9	1.5	1.1	2.7	8.9	54.6	865
CURRENTLY MARRIED WOMEN												
15-19	28.6	25.4	3.2	17.5	1.6	4.8	0.0	0.0	1.6	7.9	71.4	63
20-24	48.0	46.5	4.0	36.5	0.5	10.5	0.5	0.0	2.0	8.0	52.0	200
25-29	51.7	48.3	6.2	37.2	0.0	9.7	0.0	0.0	4.1	10.3	48.3	145
30-34	60.5	54.4	14.0	41.2	0.0	7.0	0.9	0.9	5.3	13.2	39.5	114
35-39	49.5	45.3	8.4	34.7	0.0	4.2	4.2	0.0	3.2	10.5	50.5	95
40-44	44.7	40.4	10.6	25.5	0.0	4.3	8.5	0.0	.0	8.5	55.3	47
45-49	35.0	25.0	5.0	22.5	0.0	0.0	7.5	0.0	2.5	15.0	65.0	40
<b>Total</b>	43.8	44.5	7.1	33.9	0.3	7.4	1.8	0.1	3.0	10.1	51.7	704



**Table 3.1.2. Ever use of contraception: men**

Percentage of all men, of currently married men and of sexually active unmarried 2003.													
Age	Any-method	Any modern method	Pill	Injec-tables	Diaphragm/foam/jelly	IUCD	Condom	Female sterili-zation	Male sterili-zation	Ex-clusive breast feeding	Other Tradi-tional methods	Never used a method	Total men
15-19	42.9	39.3	2.4	0.0	0.0	0.0	38.1	0.0	0.0	0.0	8.3	57.1	84
20-24	53.3	50.7	4.0	6.0	0.7	0.7	44.0	0.0	0.0	0.0	13.3	46.7	150
25-29	44.6	41.5	3.1	16.9	0.8	0.8	30.8	1.5	0.0	0.0	8.5	55.4	130
30-34	55.0	51.0	8.0	25.0	3.0	0.0	29.0	2.0	1.0	0.0	13.0	45.0	100
35-39	41.0	38.1	7.6	13.3	1.0	1.0	19.0	1.9	1.0	1.9	12.4	59.0	105
40-44	40.4	33.3	8.8	10.5	1.8	0.0	15.8	3.5	0.0	0.0	10.5	59.6	57
45-49	41.3	34.8	6.5	13.5	0.0	4.3	15.2	2.2	0.0	0.0	15.2	58.7	46
50-54	21.6	14.8	2.3	5.7	0.0	0.0	5.7	3.4	1.1	0.0	10.2	78.4	88
<b>Total</b>	43.8	39.7	5.0	11.4	0.9	0.7	27.4	1.6	0.4	0.3	11.3	56.2	760
CURRENTLY MARRIED MEN													
15-19	20.0	20.0	20.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	80.0	5
20-24	43.6	40.4	4.3	9.6	0.0	1.1	30.9	0.0	0.0	0.0	11.7	56.4	94
25-29	47.3	43.8	2.7	19.6	0.9	0.9	31.3	1.8	0.0	0.0	9.8	47.3	112
30-34	54.9	51.6	7.7	27.5	2.2	0.0	28.6	2.2	1.1	0.0	13.2	54.9	91
35-39	39.4	36.4	8.1	14.1	1.0	1.0	16.2	1.0	1.0	2.0	11.1	39.4	99
40-44	40.0	32.7	7.3	10.9	1.8	0.0	14.5	3.6	0.0	0.0	10.9	40.0	55
45-49	44.2	37.2	7.0	14.0	0.0	4.7	16.3	2.3	0.0	0.0	16.3	55.8	43
50-54	22.1	15.1	2.3	5.8	0.0	0	5.8	3.5	1.2	0.0	10.5	77.9	86
<b>Total</b>	41.7	37.3	5.5	14.9	0.9	0.9	21.5	1.9	0.5	0.3	11.5	58.1	585

### 3.2 Current use of contraception

Tables 3.2.1 and 3.2.2 show the percentage of women and men currently using specific methods of family planning by age and educational level. Thirty-four percent of women report currently using any method while 27% of women report using a modern method. Among married women, 37.7% report currently using any method while 29% report currently using a modern method. Forty-eight percent of men report currently using any method, while 35% report using a modern method. Among married men, 46% currently use any method, while 33% are using a modern method.

The most commonly used modern contraceptive among all and married women is injectables. Use rates are 18% and 19% respectively. Among all men and unmarried men, the most commonly used contraceptive is condoms. Nearly 20% of all men and 14% of married men report using the condom as a means of contraception. Current use of condoms among all men has almost doubled since the baseline survey. At baseline the reported use of condoms among all men was 10.9%

**Table 3.2.1 Current use of family planning: women**

Percentage of all women, by education, and of currently married women who are currently using any contraceptive methods, by specific method, educational level and age, PEAQ Balaka, 2003												
Modern methods								Tradition methods				
Age	Any method	Any modern method	Pill	Injec-tables	Con-dom	Female sterili-zation	Male sterili-zation	Herbs	Other tradi-tional methods	Exclu-sive breast feeding	Not curr-ently using/ missing	Total wo-men
ALL WOMEN												
15-19	19.0	16.3	1.3	10.1	5.1	0.0	0.0	3.8	3.8	0.0	81.0	79
20-24	36.6	31.3	1.3	24.6	5.8	0.0	0.0	2.2	6.3	0.4	63.4	224
25-29	40.0	33.8	4.1	24.1	4.1	0.7	0.0	4.8	6.2	0.7	60.0	145
30-34	33.9	22.8	4.7	15.7	2.4	0.0	0.0	7.9	12.6	0.0	66.1	127
35-39	33.3	28.9	2.6	14.0	1.8	10.5	0.0	3.5	5.3	0.9	66.7	114
40-44	42.1	31.6	3.5	12.3	3.5	12.7	0.0	1.8	10.5	0.0	57.9	57
45-49	17.9	14.3	0.0	5.4	0.0	8.9	0.0	0.0	5.4	0.0	82.1	56
<b>Total</b>	33.7	27.4	2.6	18.0	3.7	3.1	0.0	3.7	7.1	0.4	66.3	802
EDUCATION												
None	30.0	23.5	2.3	14.6	2.8	3.8	0.0	3.3	1.4	0.0	70.0	213
Primary	34.2	27.3	2.4	18.5	3.3	3.3	0.0	4.3	0.6	0.4	65.8	509
Secondary	40.0	38.8	5.0	23.8	8.8	0.0	0.0	1.3	0.0	1.3	60.0	80
<b>Total</b>	33.7	220	2.6	18.0	3.7	3.1	0.0	3.7	0.7	0.4	66.3	802
CURRENTLY MARRIED WOMEN												
15-19	23.8	17.5	1.6	11.1	4.8	0.0	0.0	4.8	1.6	0.0	76.2	63
20-24	36.5	30.5	1.5	24.5	4.0	0.0	0.0	2.0	3.5	0.5	63.5	200
25-29	38.6	33.8	4.1	24.1	4.1	0.7	0.0	4.1	0.0	0.7	61.4	145
30-34	36.0	23.7	5.3	15.8	2.6	0.0	0.0	7.9	4.4	0.0	64	114
35-39	38.9	32.6	3.2	15.8	2.1	11.6	0.0	4.2	1.1	1.1	61.1	95
40-44	46.8	36.2	2.1	14.9	4.3	14.9	0.0	2.1	8.5	0.0	53.2	47
45-49	25.0	20.0	0.0	7.5	0.0	12.5	0.0	0.0	5.0	0.0	75.0	40
<b>Total</b>	36.1	29.0	2.8	19.0	3.4	3.4	0.0	3.8	2.8	0.4	63.9	704

**Table 3.2.2 Current use of family planning: men**

Percentages of all men, by education, and of currently married men who are currently using any contraceptive method, by specific method and age, PEAQ Balaka, 2003												
			Modern Methods					Traditional Methods				
Age	Any method	Any modern method	Pill	Injec- tables	Con- dom	Female sterili- zation	Male sterili- zation	Herbs	Other Tradit- ional methods	Exclusive breast feeding	Not curr- ently using/ missing	Total men
ALL MEN												
15-19	56.0	41.7	3.6	0.0	38.1	1.2	0.0	2.4	17.5	1.2	44.0	84
20-24	53.0	40.7	4.1	8.3	29.7	0.0	0.0	2.1	19.3	1.4	46.2	145

Percentages of all men, by education, and of currently married men who are currently using any contraceptive method, by specific method and age, PEAQ Balaka, 2003												
Age	Any method	Any modern method	Modern Methods					Traditional Methods			Not currently using/missing	Total men
			Pill	Injec-tables	Con-dom	Female sterili-zation	Male sterili-zation	Herbs	Other Tradit-ional methods	Exclusive breast feeding		
25-29	51.2	38.6	4.7	14.2	22.8	0.0	0.0	1.6	17.3	0.8	48.8	127
30-34	48.9	35.1	4.3	16.0	13.8	2.1	1.1	4.3	16.0	1.1	51.1	94
35-39	50.0	36.0	6.0	13.0	15.0	2.0	1.0	3.0	18.0	1.0	50.0	100
40-44	52.8	37.7	7.5	11.3	15.1	9.4	1.9	3.8	15.1	0.0	47.2	53
45-49	39.1	21.7	0.0	6.5	6.5	4.3	0.0	2.2	17.4	0.0	60.9	46
50-54	24.1	18.4	3.4	5.7	3.4	4.6	0.0	1.1	9.2	1.1	75.9	87
<b>Total</b>	<b>48.0</b>	<b>35.1</b>	<b>4.3</b>	<b>9.8</b>	<b>19.8</b>	<b>2.2</b>	<b>0.4</b>	<b>2.4</b>	<b>16.6</b>	<b>1.0</b>	<b>52.0</b>	<b>736</b>
<b>EDUCATION</b>												
None	31.3	21.4	3.6	6.3	5.4	1.8	0.0	1.8	11.6	1.8	68.8	112
Primary	46.6	35.5	5.2	9.6	20.3	2.2	0.4	2.4	16.1	0.8	52.4	502
Secondary	64.7	46.2	0.8	14.3	31.1	2.5	0.8	3.4	23.5	0.8	35.3	119
<b>Total</b>	<b>48.0</b>	<b>35.1</b>	<b>4.2</b>	<b>9.8</b>	<b>19.8</b>	<b>2.2</b>	<b>0.4</b>	<b>2.4</b>	<b>16.6</b>	<b>1.0</b>	<b>52.0</b>	<b>736</b>
<b>CURRENTLY MARRIED MEN</b>												
15-19	20.0	20.0	20.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	80.0	5
20-24	48.3	33.7	4.5	13.5	16.9	0.0	0.0	3.4	20.2	0.0	51.7	89
25-29	53.2	39.4	4.6	15.6	22.9	0.0	0.0	1.8	17.4	0.9	46.8	109
30-34	54.1	38.8	4.7	17.6	15.3	2.4	1.2	4.7	17.6	1.2	45.9	85
35-39	50.0	36.2	6.4	13.8	13.8	2.1	1.1	3.2	16.0	1.1	50.0	94
40-44	52.0	36.0	6.0	12.0	14.0	8.0	2.0	4.0	14.0	0.0	48.0	50
45-49	41.9	23.3	0.0	7.0	7.0	4.7	0.0	2.3	18.6	0.0	58.1	43
50-54	24.7	18.8	3.5	5.9	3.5	4.7	0.0	1.2	9.4	1.2	75.3	85
<b>Total</b>	<b>46.4</b>	<b>33.0</b>	<b>4.6</b>	<b>12.7</b>	<b>14.1</b>	<b>2.5</b>	<b>0.5</b>	<b>2.9</b>	<b>16.1</b>	<b>0.7</b>	<b>53.6</b>	<b>560</b>

Injectables remain the most important form of modern contraception (65%) as is revealed by the figure below. They have dropped slightly in significance from baseline where they represented 73% of modern contraception by women. Use of condoms has risen from 6% at baseline to 12% now.

**Figure 2: The Distribution by method of modern family planning use by currently married women.**

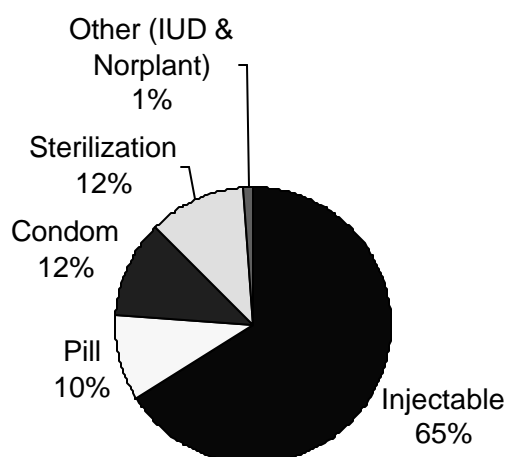
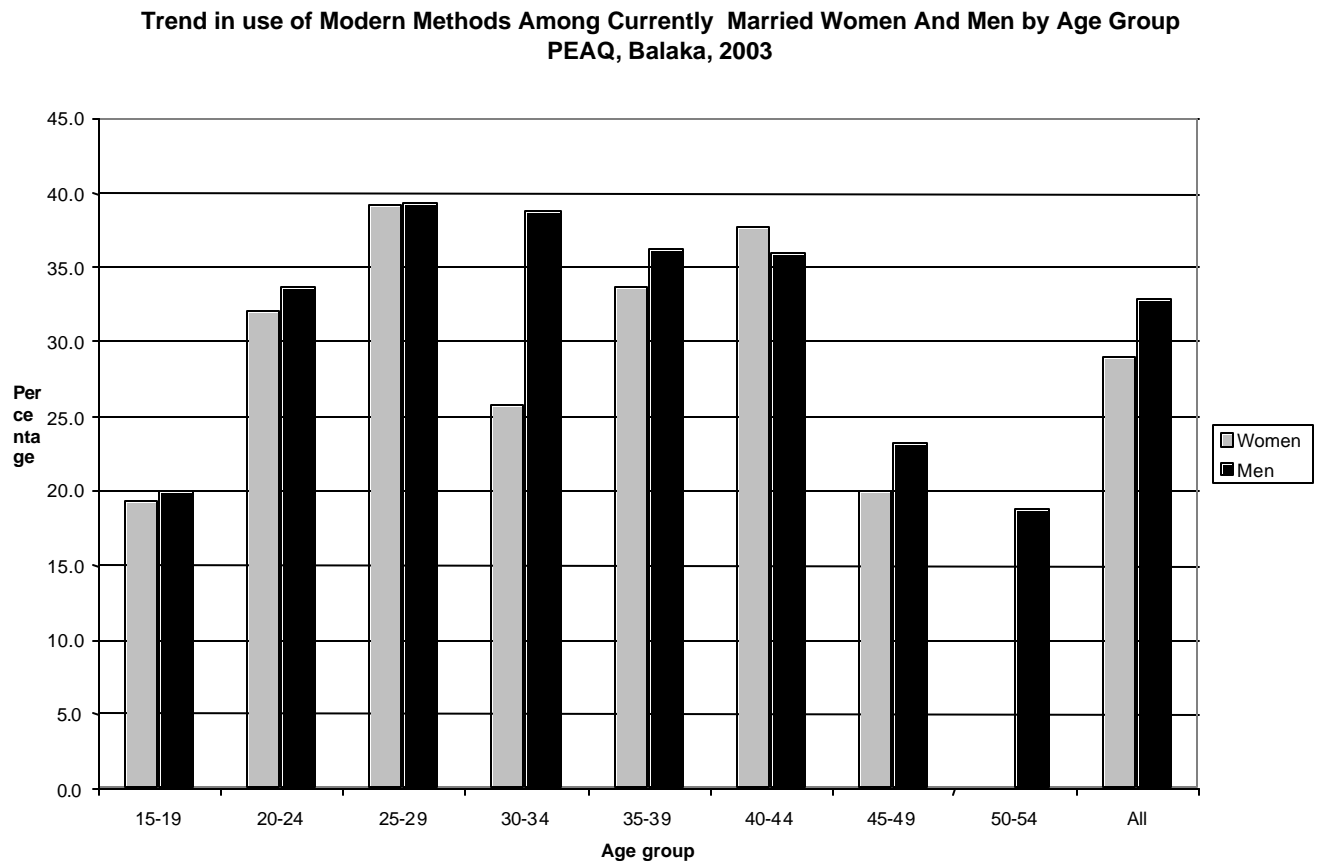


Figure 3: Trends in the use of modern methods among currently married women and men by age group



### 3.3 Number of children at first use of contraception

According to Table 3.3.1, between the ages of 15 and 29 women are more likely to begin contraception after their first child than are their older sisters. Twenty five percent of 15-19 year olds wait until they have had at least one child before beginning the use of contraception while nearly one third of the 20-24 year old cohort begins the use of contraceptives after the birth of the first child. In the 25 to 29 age group almost one quarter of women begin contraception after the first child, but 24% wait until the second or third child. By contrast, in the older age groups, women begin to contracept at higher parities. Among 30 to 34 year olds, only 10% of women begin contraception after the first birth, 20% begin after the second birth and more than 30% did not begin until after the third or fourth birth. In the oldest age groups 40-44 and 45 – 49, it is interesting to note that all the women in the sample are using contraception, but for the most part these women, who are at the end of their child bearing careers, started using contraception after the third or fourth child.

This trend reproduces the findings of the baseline survey, but the trend is stronger for younger women and remains essentially the same for older women. In the baseline survey, 13.6 % of women 15-19 started contracepting after their first child, while 16 percent of those 20-24 practiced contraception. In the 24-29 age cohort, only 6.5% of these women practiced contraception after their first child. Among 30-34 year olds, only 9.8% began contracepting after the first child with one third beginning between 2 and 4 or more children. As was the case for the final survey most women in the older age cohorts do not begin contracepting until parity four.

**Table 3.3.1 Number of Children at first use of contraception**

Percentage distribution of currently married women by number of living children at the time of first use of contraception, according to current age, PEAQ Balaka, 2003								
Current age	Never used contraception	0	1	2	3	4+	Missing	Number of women
15-19	71.4	3.2	25.4	0.0	0.0	0.0	0.0	63
20-24	51.5	2.0	32.0	11.5	1.5	1.0	0.5	200
25-29	47.6	0.7	23.4	15.9	8.3	4.1	0.0	145
30-34	39.5	0.9	10.5	18.4	16.7	14.0	0.0	114
35-39	50.5	0.0	2.1	7.4	12.6	26.3	1.1	95
40-44	0.0	2.1	6.4	0.0	8.5	29.8	0.0	47
45-49	0.0	0.0	0.0	2.5	12.5	20.0	0.0	40
Total	51.3	1.3	18.6	10.7	7.8	10.1	0.3	704

### 3.4 Source of Supply of Contraceptives

All current users of modern methods were asked to report the source from which they most recently obtained their contraceptive methods. Table 3.4.1 indicates the percentage distribution of current users of modern methods by source of method.

Most men and women obtained their supplies from a government hospital or health

center. Thirty-four point six percent of women using contraception and 24% of men get their contraceptives from the government hospital while 28.4% of women using contraception and 24.0% of men get their contraceptives from a government health center. About 7% of both women and men get their contraceptives from outreach sources such as government mobile clinics. Only 2.3% of women and 8.7% of men get their contraceptives from a CBD worker. This may reflect the preference in the community for injectables as CBD workers are only permitted to provide pills and condoms. Men may turn to CBD workers for condoms which would explain their higher use rate by this group.

These rates are slightly lower in all categories than those at the baseline with the exception of friends and relatives which rises from 0% to 11%. At that time 41% of women and 28% of men obtained their contraceptives from a government hospital while 36% of women and 35% of men obtained their contraceptives from a government health center. Thirteen percent of women and 8% of men obtained their supplies from government outreach while 0.8% of women and no men received contraceptives from CBDA. This latter figure reverses the downward trend in use of government services. Use of CBDA at the beginning of the project was 0.0% and 8% at the end.

Private medical sources were used to obtain contraceptives by 7% of females and 12% of men. This represents no change for females and a slight increase for men. The final survey indicates an increase in the use of friends and relatives as a source of contraception from 0.0% of women at baseline to 11% at final and from 1.0% at baseline to 6% for men.

**Table 3.4.1 Source of supply for modern contraceptive methods**

Percentage distribution of current users of modern contraceptive methods by most recent source of supply, PEAQ Balaka, 1999		
Source of supply	Women	Men
<b>Public</b>		
Government hospital	34.6	24.0
Government health center	28.4	24.0
Outreach	7.1	6.5
CBD worker	2.3	8.7
<b>Medical private</b>		
Private clinic	5.6	1.6
Banja La Mtsogolo	0.4	9.5
Traditional birth attendant	2.6	0.8
<b>Other private</b>		
Grocery/pharmacy	3.8	13.5
Friends/relatives	11.3	6.3
DRF/BMHI	0.0	1.2

Other	6.4	7.1
No source given	0.0	1.5
<b>Total</b>	100	100
Number of respondents	220	259

### 3.5 Distance to source of modern contraceptive methods.

Seventy-five percent of women and 73% of men report being less than 10 kilometers from a source of contraception at final as compared with 63% and 83% respectively at baseline. At baseline 22% of women and 4.6 % of men indicated that they were more than 10 kilometers from a source of contraception. At final 21.4% of women and 21.5% of men reported that they were more than 10 kilometers from a source of contraception. Increases in the percentages of males and females reporting that they are less than 10 kilometers from a source of contraception indicates an increase in the availability of contraception during the project period. Increases in the percentages of men and women reporting that they are more than 10 kilometers from a source of contraception is most likely to be artifactual and not an actual change. It is likely that the data was more reliable at final than at baseline for this question. In the baseline 15% of women and nearly 13% of men provided no information on how far they were from a source of contraception. This contrasts with the final survey where only 3.7% of women and 4.8% of men gave this response.

**Table 3.5.1 Distance to source of modern contraceptive methods**

Percentage distribution of women and men who are currently using a modern contraceptive method, by distance to reach a source of supply, PEAQ Balaka, 2003		
Distance to source in kilometers	WOMEN	MEN
Less than 10km	75.0	73.7
More than 10km	21.4	21.5
Not stated	3.7	4.8
Total	100.0	100
Number of respondents	220	186

### 3.6 Reasons for not using contraception

Women and men who were currently not using contraception were asked why they were not doing so. Table 3.6.1 shows the percentage distribution of the main reasons married men and women gave for not using a method. At baseline, 90% of women and 94% of men gave “no reason” as their reason. The baseline apparently did not meaningfully access reasons for not using contraception. It is therefore difficult to meaningfully compare baseline and final on these issues.

At the time of the final survey, the main reason given for not using a contraceptive method among women was menopause/hysterectomy (38%). This reason, however, was given only by women over the age of 30. No women under the age of 30 gave this as a

reason. The second most common reason given by women was cannot get pregnant, but again, this reason was given only by women over the age of 30. This reason was given by 21% of older women. Among younger women the major reasons given were partner opposed (26%), wants more children (21%) and respondent opposed (16%).

Among men, the most common reason given was cannot get pregnant. This was given by 28% of men overall, but this reason was given by 28% of all men and 29% of men over the age of 30. No younger men gave this as a reason. Older men are presumably married to women who are more likely to be post- menopausal. Similarly, it is only older men who give menopause/hysterectomy as a reason for not using contraception. The second most common reason among all men for not using contraception was wants more children, but this is much more common among younger than older men. It is tied with God's will/fatalistic as the reason given most commonly by men under 30. Interestingly this reason is given by only a small percentage of women. All other reasons given by men are given by only small percentages of respondents.

**Table 3.6.1 Reasons for not using contraception**

Percentage distribution of currently married women and men who are not using any contraceptive method, by main reason for not using, according to broad age groups,PEAQ Balaka, 2003						
Reason for not using contraceptive	Women			Men		
	Total	<30	30-49	Total	<30	30-59
Infrequent sex	1.1	0.0	1.3	3.3	0.0	3.5
Wants more children	8.5	21.1	5.3	16.7	33.3	15.8
Menopause/ Hysterectomy	38.3	0.0	48.0	15.0	0.0	15.8
Respondent opposed	4.3	15.8	1.3	0	0	0
Partner opposed	8.5	26.3	4.0	1.7	0.0	1.8
Side effects	3.2	5.3	2.7	3.3	0.0	3.5
Health concerns	8.5	21.1	5.3	5.0	0.0	5.3
Fatalistic/God's will	4.3	5.3	4.0	10.0	33.3	8.8
Source is too far away	1.1	0.0	1.3	1.7	0.0	1.8
Inconvenient to use	0	0	0	3.3	0.0	3.5
Cannot get pregnant	17.0	0.0	21.3	28.3	0.0	29.8
Negative provider altitude	0	0	0	1.7	0.0	1.8
Other	3.2	4.0	0.0	6.7	0.0	7.0
No reason given/missing	2.1	5.3	1.3	0	0	0
Total	100	100	100	100	100	100
<b>Number of women/men</b>	<b>94 (100%)</b>	<b>19 (20.2%)</b>	<b>75 (79.8%)</b>	<b>60 (100%)</b>	<b>3 (5.0%)</b>	<b>57 (95.0%)</b>



## Chapter 4

### 4 Child and Maternal Health

#### 4.1 Vaccinations

To assist in the evaluation of the immunization component of PEAQ's child survival interventions, data was collected on vaccination coverage for all children born two years preceeding the survey. The Malawi vaccination protocol follows the World Health Organization (WHO) guidelines for vaccination of children. At baseline, a child was considered fully immunized if s/he receives all of the following vaccinations: BCG; Polio 1, Polio 2, Polio 3, DPT1/2/3 and measles. Immunizations for Haemophilus influenza type B (Hib), Hepatitis B (Hep B)<sup>1</sup> and Polio 0 have been added to the protocol since baseline and will not be included in this analysis.

BCG is given for protection from tuberculosis, Polio for polio, DPT for diphtheria, pertussis and tetanus protection. The measles vaccination is given for protection from measles. Consistent with the WHO protocol, the Malawi protocol requires that all children received the full set of vaccinations by the time they have reached their 12<sup>th</sup> month.

As was the case at baseline, information on vaccination coverage was collected from vaccination cards presented by the caretakers or from verbal reports from caretakers. In the vast majority of the cases the biological mother was the caretaker. When the mother was not available for interview the person most often responsible for taking care of the child in the household provided the needed information.

Dates for vaccination were obtained from the vaccination cards. These dates were recorded in the questionnaire by the interviewers. When caretakers did not have cards, this data could not be obtained. In cases where the caretaker could not produce a card they were asked about the child's vaccination history. Information on vaccination coverage is presented in Table 4.1. To determine coverage both the information recorded on the vaccination cards and that obtained from verbal report is utilized. In order to include only those children who should have completed the vaccination schedule data is presented only for 12-23 month olds. Those under the age of 12 months are excluded.

According to the information gathered from the vaccination cards, nearly 81% of children age 12-23 months received a vaccination for BCG. Verbal report from caretakers adds another 15.3% of children to this for a total of 96% covered. Eighty point three percent were covered by the age of 12 months. At baseline nearly 78% of children age 12-23

---

<sup>1</sup> Republic of Malawi Ministry of Health and Population Expanded Programme on Immunization Malawi Field Operational Manual 2002

months received a vaccination for BCG according to the card. Verbal report from caretakers added another 12.3% of children to this for a total of 90 % covered. Those receiving BCG before their 12<sup>th</sup> month were 77.2% of the sample.

At final, the percentage of children receiving BCG, DPT1 and Polio1 are 96.2%, 98.8% and 96.8% respectively (both sources). DPT coverage declines to 88.6% at DPT3 and Polio declines to 89.8% for Polio3. At baseline, the decline from DPT1 to DPT3 was from 89.1% to 75% while Polio declined from 91.3 to 78.3. Thus, at baseline DPT dropped 14 percentage points and Polio drops 13 points. At the time of the final survey, DPT coverage drops 10 percentage points and Polio drops 9 points. This is an improvement of four percentage points for both DPT and Polio. It should also be noted that all three antigens posted gains in coverage since the baseline: from 90% to 96% for BCG, from 89% to 98% for DPT1 and from 91% to 96.8% for Polio1. Thus since baseline children in Balaka have benefited from higher levels of initial coverage in these antigens and shallower declines in coverage from first to final doses of these antigens.

At baseline the percentage of children in the 12 – 23 month age group who had received a measles vaccination was 75% while those who had received a measles vaccination within the first 12 months was 52.2%. At the time of the final survey, the percentage of children in the 12 – 23 month age group who had received a measles vaccination was 88.5% while those who had received a measles vaccination within the first 12 months was 56.1%. Thus, during the project period, the percentage of children 12-25 months receiving a measles vaccination rose by 13 percentage points while those receiving a measles vaccination within the first year rose by nearly 4 percentage points.

The percentage of children 12 – 23 months completing their immunization (both sources) at baseline was 65.2% while at final evaluation the percentage of children completing their immunizations was 74.6% an increase of almost 10%. By vaccination card alone, the baseline percentage of children completing all their immunizations in the first year was 45.7% while at final evaluation it was 49.7%.

**Table 4.1.1 Vaccination by source of information**

Percentage of children 12-23 months who had received specific vaccines at any time before the survey, by whether the information was from the vaccination card or from the mother, and the percentage vaccinated by 12 months of age, PEAQ Balaka 2003

	<b>Vaccinations</b>										Number of children
	BCG	DPT1	DPT2	DPT3	Polio1	Polio2	Polio3	Measles	All	None	
<b>Vaccinated at any time before survey</b>											
Vaccination card	80.9	82.2	79.6	77.1	80.9	80.3	79.0	73.2	65.0	0.0	157
Mothers report	15.3	16.6	14.6	11.5	15.9	14.0	10.8	15.3	9.6	0.6	157
Either source	96.2	98.8	94.3	88.6	96.8	94.3	89.8	88.5	74.6	0.6	157
<b>Vaccinated by 12 months of age **</b>	80.3	80.5	77.1	72.6	79.6	79.0	75.8	56.1	49.7	--	157

\* \* Figures are based on children with vaccination cards only

**Figure 4: percentage of children age 12-23 who received specific vaccines (by card and report)**

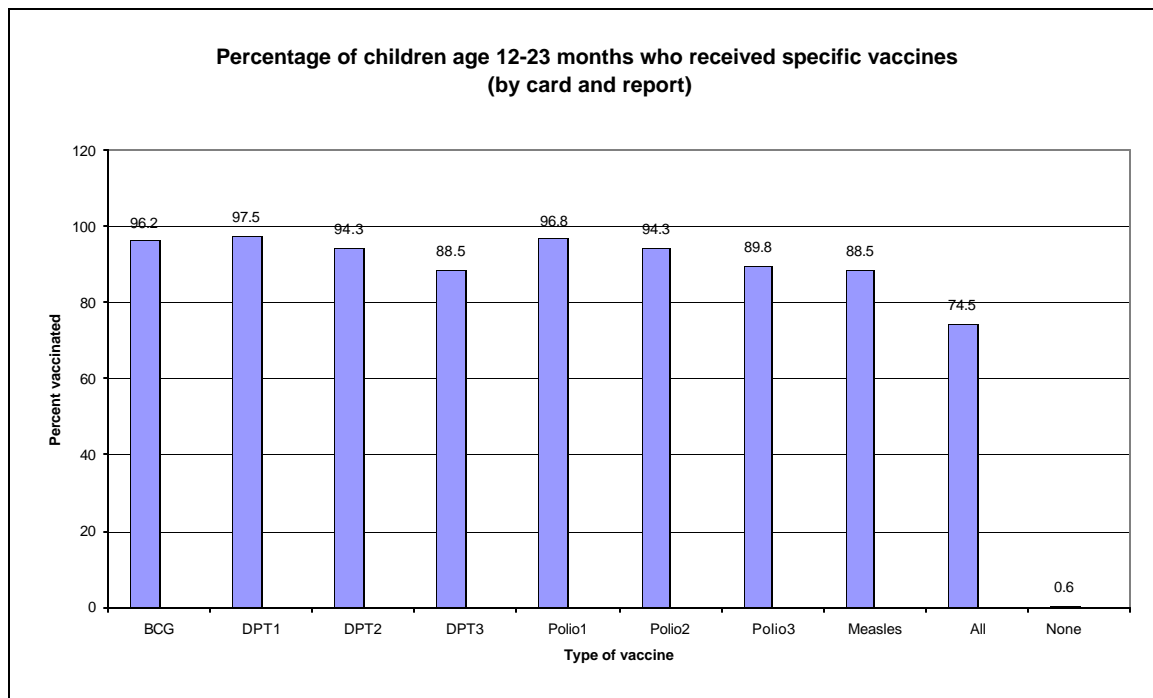


Table 4.1.2 below reveals interesting patterns with regard to background characteristics and completed immunization. At baseline the completion rate for vaccination for males was 52.1% while that of females was 63.6%. At final although rates of completion were up for both sexes, males had made the largest gains. At final immunization rates for males had increased to nearly 78% while those for females had increased only to 70.4%. Thus males made a gain of 25.6 percentage points while females had gained only 6.8 percentage points.

At both baseline and final those with secondary educations had 100% immunization completion rates for their children. Thus education seems to be an important factor in determining whether a child will get all of his/her immunizations. It is unfortunate that in both the baseline and final, the numbers of those with a secondary education are very small thus reducing the statistical significance of this finding. The small numbers of those with a secondary education no doubt reflect the proportion of those in the general population with secondary education.

A comparison of the baseline and final figures on the impact of education reveals that immunization rates for children whose parents had no education rose from 52.9% at baseline to 78% at final. This is a rise of 25 percentage points. Among parents with a primary education, completed immunization at baseline was 59.6% and at final it was 70.2%, a rise of 10.6%. This may reflect a success for the BCC strategy particularly among non-literates.

**Table 4.1.2 Vaccination by background characteristics**

Percentage of children 12-23 months who had received specific vaccines by the time of the survey (according to the vaccination card or mother's report), by background characteristics, PEAQ Balaka 2003										
Background Characteristics	BCG	DPT1	DPT2	DPT3	Polio1	Polio2	Polio3	Measles	All	Number of None children
<b>Sex</b>										
Male	95.3	98.8	95.3	91.9	98.8	96.5	94.2	90.7	77.9	0.0 86
Female	97.2	95.8	93.0	84.5	94.4	91.5	84.5	85.9	70.4	1.6 71
<b>Caretaker's education</b>										
No education	92.7	95.1	95.1	92.7	92.7	97.6	97.6	90.2	78.0	2.8 41
Primary	97.1	98.1	93.3	85.6	98.1	92.3	85.6	86.5	70.2	0.0 104
Secondary and higher *	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0 12
<b>Total</b>	<b>96.2</b>	<b>97.5</b>	<b>94.3</b>	<b>88.5</b>	<b>96.8</b>	<b>94.3</b>	<b>89.8</b>	<b>88.5</b>	<b>74.5</b>	<b>0.7 157</b>
* An asterisk indicates that a figure is based on fewer than 15 cases										

## 4.2 Vitamin A Coverage

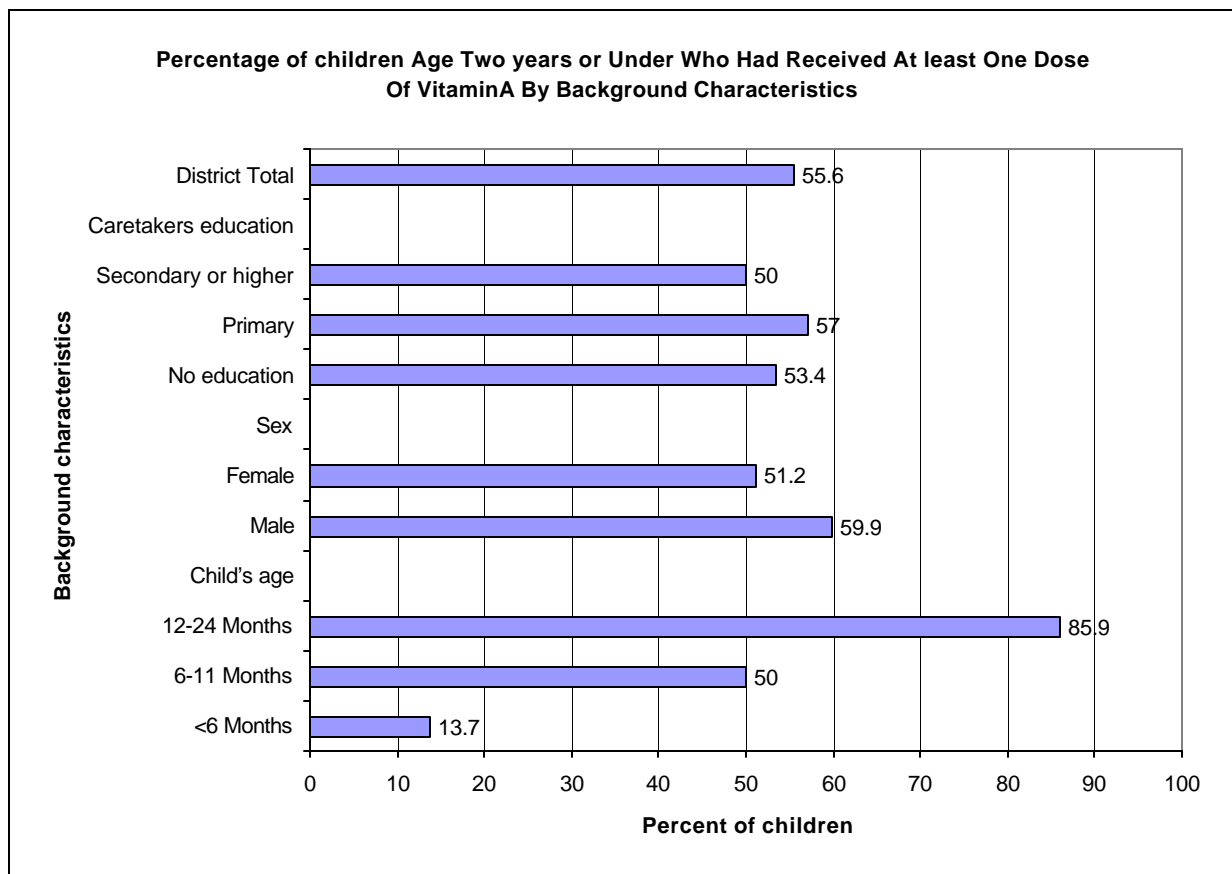
It is recommended that children age 6 months and older receive a dose of vitamin A every six months. At baseline, 38% of children had had at least one dose of vitamin A prior to the survey. As shown in Table 4.2.1, at the time of the final survey, 56% of the children under two years of age (including 14 children under 6 months of age) had received at least one dose of vitamin A prior to the survey. This figure includes both figures gathered from the vaccination card and report by mothers. Those children ever receiving Vitamin A as reported on cards is 39%. Only 21% of children received this dose of Vitamin A within the 6 months prior to the survey.

As was the case with vaccination boys made stronger gains than girls. At baseline the percent of boys who received vitamin A was 34.5%. At final, it was 59.9% a gain of 25 percentage points. By contrast, girls vitamin A consumption was 43.8% at baseline. At final it was 51.2%. This is a gain of only 7.4 percentage points.

**Table 4.2.1 Vitamin A coverage of children**

Percentage of children age 2 years or under who had received at least one dose of vitamin A At the time of the survey, by selected background characteristics, PEAQ Balaka Nov 2003		
Background characteristics	% of children who received vitamin A	Number of children age 2 years or under
<b>Child's age (months)</b>		
<6	13.7	102
6-11	50.0	84
12-24	85.9	156
<b>Sex</b>		
Male	59.9	172
Female	51.2	170
<b>Caretakers education</b>		
No education	53.4	73
Primary	57.0	237
Secondary or higher	50.0	32
<b>Total</b>	55.6	342

**Figure 5: Percentage of children age two years or under who had received at least one dose of vitamin A by background characteristics**



### 4.3 Acute Respiratory Infection

Although the precise dimensions of the ARI problem in Balaka is unknown, world wide, it is recognized as one of the 5 leading causes of death of children. The PEAQ project sought to improve care- seeking for ARI through community based BCC. In the baseline and final surveys mothers were asked whether their child had displayed symptoms of ARI in the two weeks preceding the survey and what action they had taken. The definition of ARI used were those established by the Malawi Integrated Management of Childhood Illness program (IMCI) - cough associated with rapid or difficult breathing.

Findings on reported prevalence of ARI, percentage receiving care outside the home and background characteristics of caretakers is shown in Table 4.3.1 below.

Overall reported prevalence of ARI for children under the age of 2 years in the two weeks prior to the final survey was 25.6%. This reported rate is an increase from that reported at the time of the baseline which was 11.6%. It is unlikely that this represents a real increase in the percentage of ARI in the district. Rather, it represents a success of the BCC program's efforts to sensitize the population to ARI and its symptoms. Of course it should be noted that this report is based only upon the understanding of caretakers in the community. Clinicians have not validated it. Interestingly those with the greatest educational achievement are least likely to report ARI. This was true both at baseline and final. The greatest gains in report of ARI are among those with no or primary education. Eleven point four per cent of those with primary education reported a case of ARI in the two weeks prior to the survey at baseline while at final nearly 29% reported a case of ARI. Those with no education reporting a case of ARI rose from 14.1% at baseline to 34% at final.

In all age groups the final survey found that the reported rates of ARI had nearly doubled since the baseline. In the under 6 month age group, the reported rate of ARI was 10.6% at baseline and 21.6% at final, in the 6-12 month age group, the reported rate increased from 16.3 to 29.4% and in 12-24 month olds the rate was 10.6 at baseline and was 26.1% at final. Rates of ARI for males and females are approximately the same. At the baseline ARI was reported for males twice as frequently as for females. The change reflects an increase in the reports for females from 7.6% at baseline to 24% at final. The rate of report for males also increased but not so steeply.

The overall percentage of caretakers seeking care for children with difficult and/or rapid difficult breathing from any source increased from 65.4% at baseline to 73.6%. Most of this increase is care seeking from shops selling medicine however. Care seeking at health facilities remained flat (50%) between baseline and final for those under 6 months of age, rose for those 6-12 months (37.5% - 52%) and fell for those 12-24 months old (50% - 36.6%). Thus, no clear overall pattern emerges for care seeking at health facilities. As shops cannot sell antibiotics, the care sought from them would be palliative only.



Those with education are no more likely than those without it to seek care for ARI, but of those who do seek care, 100% sought care from a hospital or clinic. Those without education are more likely to use other sources, especially shops. This was true at baseline as well.

At final there were no significant differences between males and females for care seeking from any outside source. This contrasts sharply with the findings at baseline (though the numbers were small, 18 boys and 8 girls). At baseline, not only were males more likely to be reported as having ARI (15.9% vs. 7.6%), but care takers were less likely to go outside the home for care for girls (37.5% for girls and 61.5% for boys). They were also less likely to seek care at a hospital or health center for girls (55.6% for boys vs. 25% for girls). Conversely they were more likely to seek palliative care for girls from a store (25%) or from some other source (50%). At final the percentage of boys and girls receiving care from a hospital or health center is approximately the same, 44% for boys and 40% for girls.

**Table 4.3.1 Prevalence of difficult or fast breathing and treatment outside the home**

Percentage of children age two or under who had difficult and/or fast breathing during two weeks preceding the survey and percentage receiving care outside the home, by background characteristics, PEAQ Balaka, 2003							
Background characteristics Child's age (months)	All children		Percent of children with difficult or fast breathing receiving care from:				
	Percent with difficult/fast breathing	Number of children	Any outside source	Hospitals or health centers	Shops selling medicines	Traditional Healers	Other sources****
<6	21.6	102	71.4	50.0	18.2	4.5	27.5
6-11	29.4	85	80.0	52.0	24.0	4.0	20.0
12-24	26.1	157	70.7	36.6	26.8	0.0	36.6
<b>Sex</b>							
Male	27.2	173	71.7	44.1	21.3	4.3	29.8
Female	24.0	171	75.6	43.9	26.8	0.0	29.3
<b>Caretakers education</b>							
No education	34.2	73	76.0	56.0	16.0	0.0	28.0
Primary	24.8	238	72.4	37.3	28.8	3.4	30.5

\* An asterisk indicates that a figure is based on fewer than 15 cases

Table 4.3.2 indicates that the prevalence of cough without accompanying symptoms of ARI is slightly more common among children under the age of six months and slightly less common among the children of those with a secondary education. This consistent with the findings of the baseline though overall reported rates are higher for all categories in the final than in the baseline.

**Table 4.3.2 Prevalence of cough**

Percentage of children age two or under who had cough, but not fast or difficult breathing, during the two weeks preceding the survey, by background characteristics, PEAQ Balaka 2003

<b>Background Characteristics</b>	<b>Percent of children with cough</b>	<b>Number of children under 2 years</b>
<b>Child's age (months)</b>		
<6	31.4	102
6-11	44.7	85
12-24	40.1	157
<b>Sex</b>		
Male	37.0	173
Female	40.4	171
<b>Caretakers education</b>		
No education	41.1	73
Primary	39.5	238
Secondary and higher	27.3	33
<b>Total</b>	<b>38.7</b>	<b>344</b>

#### **4.4 Diarrhea**

According to Table 4.4.1 below, the percentage of children reported to have experienced diarrhea in the two weeks prior to the study dropped from 28.1% during the baseline survey to 24% at the final. Most of this drop seems to have occurred in children under the age of 6 months. At baseline, the percentage of children under the age of 6 months who had had an episode of diarrhea in the two weeks prior to the survey was 20.5%. At the time of the final survey, the percentage of children under the age of 6 months who had experienced a case of diarrhea had dropped to 11.8%. Given that the rate of diarrhea in the other age groups remains unchanged from baseline, this change in those under 6 months may indicate improved exclusive breastfeeding practice as result of project BCC interventions.

By education, the biggest drops in diarrhea episodes was among the children of those with a secondary education. At baseline, these children had a diarrheal disease rate of 38.5% in the two weeks prior to the survey, while at the time of the final survey, the rate for the children of those with secondary education was 18.2%

**Table 4.4.1 Prevalence of Diarrhea**

Percentage of children age two or under who had diarrhea in the two weeks preceding the survey , by background characteristics, PEAQ Balaka 2003		
<b>Background Characteristics</b>	Percent of children with diarrhea	Number of children under 2 years
<b>Child's age (months)</b>		
<6	11.8	102
6-11	34.1	85
12-24	26.3	157
<b>Sex</b>		
Male	26.0	173
Female	21.8	171
<b>Caretakers education</b>		
No education	23.6	72
Primary	24.8	238
Secondary and higher	18.2	33
<b>Total</b>	<b>23.9</b>	<b>344</b>

The percentage of caretakers who had heard of ORS at the time of the baseline was 69%. At the final, the percent of mothers in Balaka who had heard of ORS was 94%. Seventy-five percent of mothers or caretakers reported that they had ever prepared ORS. At baseline only 48% of mothers reported that they had ever prepared ORS. About 90% (88.2%) of the caretakers could correctly describe how to mix ORS. They knew that three coca-cola bottles of water is the correct amount of water to use in mixing the ORS. A large proportion of the caretakers (36.3%) who reported knowing how to prepare ORS learned this from the district hospital and most of them get ORS from groceries/pharmacy (59.8%).

During the PEAQ project, the percentage of children who received increased fluids during a diarrheal episode increased from 38.1% at baseline to 49% at final (Table 4.4.2). The percentage of children receiving ORS increased from 46% at baseline to 56% at final and the percentage of children receiving recommended home fluids (RHF) actually dropped from 55.6% at baseline to 40% at baseline. Those receiving either increased from 66.7% at baseline to 76.8% at final. Those receiving more food also dropped from 61.9% at baseline to 22% at final. This latter drop may be a product of the previous year's poor harvest and the enduring food insecurity in the district.

Impact varies by education although interpretation should be cautious, as the numbers of children with diarrhea whose parents had secondary education is very small (6). Thus, this effect is particularly noticeable among the least educated and therefore the most vulnerable to food shock. At baseline the percentage of caretakers with no education providing extra food was 70%. It dropped to 17.6 %. The provision of extra food has dropped less precipitously in the other education groups. Among those with primary school education it dropped from 59% at baseline to 22% at final and among those with secondary school education the rate of provision of extra food for a child experiencing an episode of diarrhea dropped from 60% at baseline to 33% at final.

No clear pattern emerges with regard to education and use of ORS. It is higher in the among the less educated, drops for those with primary school education and then rises again for those with education. The same observation can be made with regard to the use of RHF. It should be noted that for all educational groups there was an increase in both the use of ORS and RHF.

**Table 4.4.2 Treatment of diarrhea**

Percentage of children age two or under with diarrhea who were given increased fluids, ORS, recommended home fluids (RHF), or additional food, by background characteristics, PEAQ Balaka 2003						
Background Characteristics	Percent of children age two or under with diarrhea who received:					
	Increased fluids	ORS	RHF	Either ORS or RHF	More food	Number Of children age 2 or under
<b>Child's age (months)</b>						
<6*	66.7	66.7	33.3	66.7	8.3	12
6-11	62.1	65.5	41.4	79.3	27.6	29
12-24	56.1	70.7	58.5	78.0	24.4	41
<b>Sex</b>						
Male	64.6	66.7	46.7	71.1	17.8	45
Female	54.1	70.3	51.4	83.3	27.0	37
<b>Caretakers education</b>						
No education	64.7	82.4	52.9	88.2	17.6	17
Primary	54.2	64.4	45.8	74.6	22.0	59
Secondary and higher*	100	66.7	66.7	66.7	33.3	6
<b>Total</b>	<b>49</b>	<b>56</b>	<b>40</b>	<b>76.8</b>	<b>22.0</b>	<b>82</b>

\* An asterisk indicates that a figure is based on fewer than 15 cases

## 4.5 Fever

Malaria remains one of the most significant health problems facing both adults and children in Balaka district. In the contiguous Mangochi district the incidence of Malaria is at 60% per annum. Malaria remains one of the most important causes of morbidity and mortality among both children and adults in the district. Although the report of fever in the two weeks previous to the survey remains (Table 4.5.1) the same since baseline for children under the age of six, it has actually gone up for slightly for older children, especially for children in the 6 to 12 month age group. At baseline, the percentage of parents reporting a case of fever for their children was 44.9% for children 6-12 months and 38.2% for children 12-24 months. At the time of the final evaluation, these figures were 57.6% and 41% respectively. No differences are seen between males and females with regard to report of fever in the two weeks previous to the survey. Education does seem to have impact on incidence of fever.

At baseline, the percent of caretakers reporting a case of fever in the two weeks previous to the survey was virtually identical across educational groups. At the time of the final survey however the percentage of reported cases of fever had gone up for those with no or only primary school education from 40% to nearly 47%. For those with secondary education it dropped from 38.5% at baseline to 24% at final. This is drop of 14.5 percentage points. This may be contrasted with the baseline survey which found no significant differences in report of fever by educational grouping. The project has supported the promotion and introduction of subsidized ITN in the district. Those with secondary education may have better access to resources that allows them to obtain and maintain the bed nets more easily

The overall percentage of those seeking care for children with fever in the two weeks prior to the survey remains unchanged from baseline to final (75%). Care seeking from shops rose from 40% at baseline to 47% at final.

**Table 4.5.1 Prevalence of fever and treatment outside the home**

Percentage of children age two or under who had fever during two weeks preceding the survey and percentage receiving care outside the home, by background characteristics, PEAQ Balaka, 2003							
Background characteristics	All children		Percent of children with fever receiving care from:				
Child's age (months)	Percent with fever	Number of children	Any outside source	Hospitals or health centers	Shops selling medicines	Other sources****	Number of children
<6	37.3	102	76.9	52.6	21.1	26.3	38
6-11	57.6	85	98.0	57.1	6.1	36.7	49
12-24	41.4	157	84.6	36.9	16.9	46.2	65
<b>Sex</b>							
Male	44.5	173	85.7	48.1	35.1	16.9	77
Female	43.9	171	88.0	46.7	41.3	12.0	75
<b>Caretakers education</b>							
No education	46.6	73	88.2	41.2	47.1	11.8	34
Primary	46.2	238	85.5	49.1	34.5	16.4	110
Secondary and higher*	24.2	33	100.0	50.0	50.0	0.0	8
<b>Total</b>	<b>44.3</b>	<b>344</b>	<b>75.3</b>	<b>47.6</b>	<b>40.4</b>	<b>27.0</b>	<b>152</b>
* An asterisk indicates that a figure is based on fewer than 15 cases							
****Persons who had missing information on source of care were included in "other sources"							

According to Table 4.5.2 below, the percentage of children treated with any drug for malaria dropped from 31.5% at baseline to 23% at final while the percentage of children treated with fansidar dropped from 28.1% at baseline to 17.8% at final. It is unclear why the percentage of children attending hospitals and health centers for suspected malaria has risen, but the percentage of children receiving treatment has fallen. Inadequate supplies of fansidar and other treatments for malaria may be the cause.

**Table 4.5.2 Treatment of fever at health center**

Percentage of children age two or under with fever who were treated with any malarial medicine and the percentage who were treated with fansidar, by background characteristics, PEAQ Balaka 2003

Percent of children age two or under with fever who received malaria treatment			
<b>Background Characteristics</b>	Treated with any malaria drug	Treated with fansidar	Number of children
Child's age (months)			
<6	18.4	18.4	38
6-11	26.5	20.4	49
12-24	23.1	15.4	65
<b>Sex</b>			
Male	26.0	16.9	77
Female	20.0	18.7	75
<b>Caretakers education</b>			
No education	29.4	23.5	34
Primary	20.9	15.5	110
Secondary and higher*	25.0	25.0	8
<b>Total</b>	<b>23.0</b>	<b>17.8</b>	<b>158</b>

\* An asterisk indicates that a figure is based on fewer than 15 cases

#### 4.6 Breastfeeding and Supplementation

The PEAQ project promoted early and exclusive breastfeeding to benefit both the mother and the child. Early and exclusive breastfeeding protects the child against illness and reduces fertility for the mother. The project sought to increase the percentage of infants less than 4 months who are exclusively breastfed.

Virtually all children are ever breastfed in Balaka district as the table below indicates. This is unchanged from the baseline.

**Table 4.6.1 Breastfeeding**

Percentage of children age two or under who were ever breastfed, by selected background characteristics, PEAQ Balaka 2003		
Background Characteristics	Percentage who have <i>ever</i> breastfed	Number of children
<b>Sex**</b>		
Male	98.8	173
Female	99.4	170
<b>Caretakers education***</b>		
No education	97.3	73
Primary	99.6	237
Secondary and higher*	100.0	33
<b>Total</b>	<b>99.1</b>	<b>343</b>

At baseline the percentage of women initiating breastfeeding within one hour of birth was 65.5%. At final this had increased to 73.4% according to Table 4.6.2 below. There were no significant differences between males and females either at final or at baseline in terms of time of initiation of breastfeeding.

Interestingly those who were better educated were less likely to initiate breastfeeding within the first hour than were the less well educated. Only 60% of those with a secondary school education initiated breast feeding within the first hour as opposed to 71.8% of those with no education and 75% of those with primary school education. This represents a drop of 16.6% for those with secondary school education. On the other hand, for those with primary school education, the percentage breastfeeding at baseline was 62.9%. This had risen to 75.4% at the time of the final survey. This is a very significant increase in those who breastfed in the first hour of life. For those with no education the early breastfeeding rate remained essentially flat. Although the drop in early breastfeeding among those with a secondary education is of some concern, they represent only 10% of the population while those with primary education are 64% of the



population. This thus represents a real gain in early breastfeeding in the Balaka community.

A woman was most likely to breastfeed if she delivered alone. This was true at both baseline and final. The percentage shows a small change, dropping from 88.9% to 83.3%. Rates remain flat between baseline and final for the other categories of assisted at delivery as well. Rates of initiation of early breastfeeding remain lowest with deliveries assisted by nurse-midwives. At baseline, initiation of breast feeding within the first hour when assisted by a nurse/midwife was 68%. At the time of the final survey it was 71%.

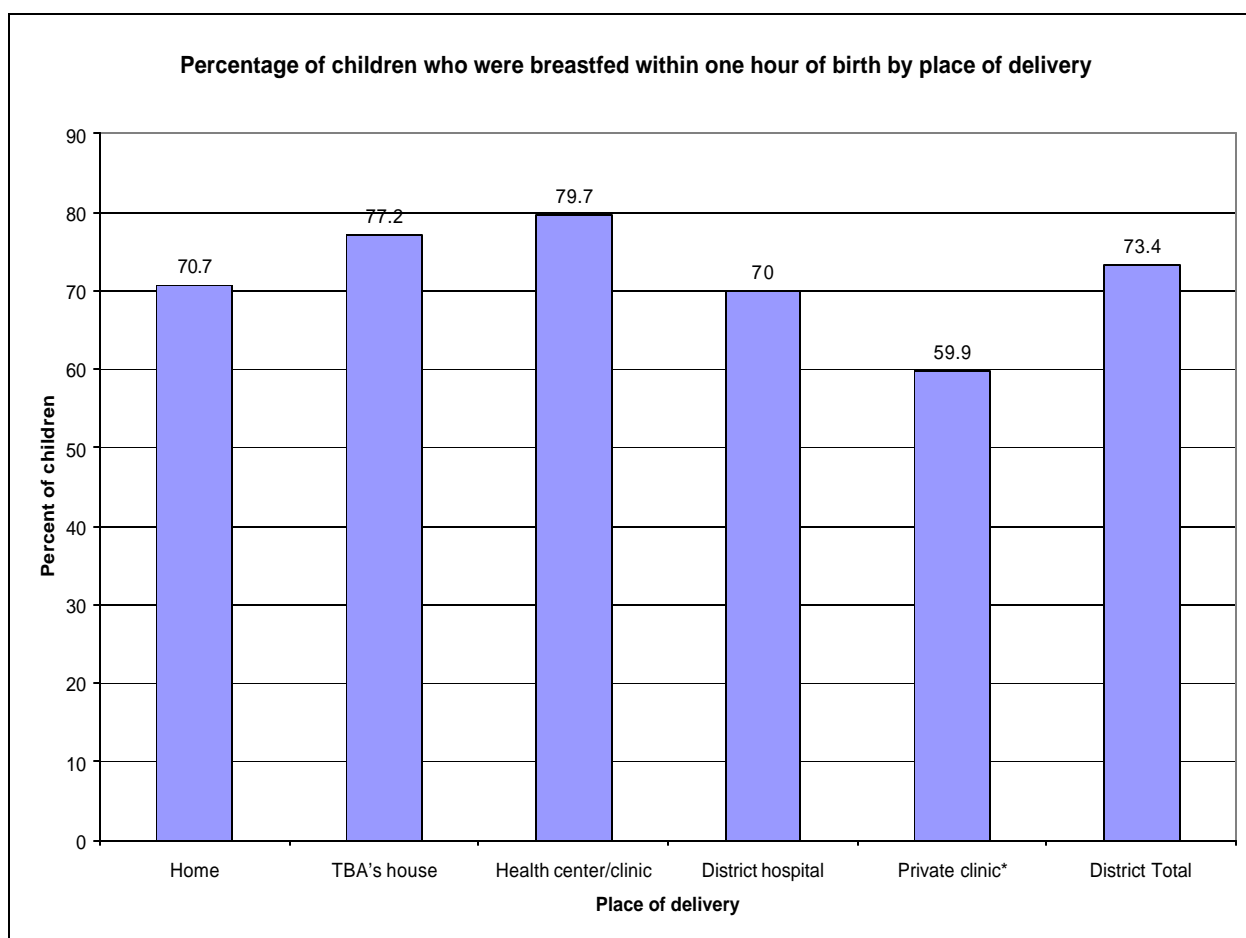
Place of delivery does not appear to have impact on the rate of early breastfeeding, either at baseline or at the time of final evaluation. The exception to this is delivery at private clinics which was a full 20 percentage points lower than health centers and clinics 59% vs. 79%). This can be seen quite clearly in Figure 6 below.

**Table 4.6.2 Initial Breastfeeding**

Percentage of children age two or under who started breastfeeding within one hour, and within one day of birth, by selected background characteristics, PEAQ Balaka, 2003			
<b>Background Characteristics</b>	Percent of children age two or under whose caretakers initiated breast feeding:		
	Within one hour	Within one day	Number of children
<b>Sex**</b>			
Male	74.3	25.7	171
Female	72.2	27.8	169
<b>Caretakers education**</b>			
No education	71.8	28.2	71
Primary	75.4	24.6	236
Secondary and higher*	60.6	39.4	33
<b>Place of delivery</b>			
No one*	83.3	16.7	18
Medical or Clinical Officer	81.0	19.0	100
/Medical Assistant*			
Nurse/ midwife	71.0	29.0	145
Trained TBA	75.0	25.0	84
Untrained TBA*	71.9	28.1	32
Unknown TBA*	100	0	1
Relative/friend	72.2	28.8	36
<b>Place of delivery</b>			
Home	70.7	29.3	82
TBA's house	77.2	22.8	92

Health center/clinic	79.7	20.3	64
District hospital	70.0	30.0	80
Private clinic*	59.9	42.1	19
<b>Total</b>	<b>73.4</b>	<b>26.6</b>	<b>338</b>

**Figure 6: Percentage of Children Who were Breastfed Within One hour of Birth by Place of Delivery**



As Table 4.6.3 indicates, more than 18.3% of children under the age of 24 months were exclusively breastfed. This is up from 8% at baseline. Within the first three months of life, 74.6% of children were breastfed. This represents an increase of 36.7 percentage points and close to a doubling of those exclusively breastfeeding in the first 3 months of

life (p value of .0001). At baseline the percentage of children exclusively breastfed in the age group 4-6 months was 10.6% while at final it was 16.7%.

Although it is the tradition to start supplementary feeding very early in Malawi, significant changes have occurred during the project. At baseline nearly 63% of children under the age of 3 months were receiving supplementary feeds. At the time of the final the percentage of children in this age group receiving supplementary feeds had dropped to 25%. Most of the losses to supplementary feeds in the 0-6 month age group therefore occur in the second three months of life.

It is also clear that project messages on breastfeeding are also reaching the communities. At baseline 45% of women identified 4-6 months as the ideal time to begin receiving supplementary feeds (Table 4.6.4 below). At the end of the project, 48.8% of women identified six months as the ideal time to begin supplementary feeds. There are no significant differences by education in this response. Women at the community level have received and remembered the new message.

As was the case at baseline the most important food used for early weaning is nsima for the 0-3 and 4-6 month olds.

**Table 4.6.1 Breastfeeding and supplementation**

Percentage of children age two or under who are exclusively breastfed and the who received specific types of food supplementation in the 24 hours prior to the survey, by age in months, PEAQ Balaka, 2003												
Age in months	Children who were exclusively breastfed	Supplementary foods given to children age two or under										Number of children
		Juice/tea	Formula/goat milk	Porridge/nsima	Mushy foods/papaya/mashed potatoes	Dark green leafy vegetables	Meat/eggs/fish	Nuts or beans	Added sugar	Added fat (lard)	Iodized salt	
0-3	74.6	4.8	3.2	20.6	3.2	4.8	1.6	4.8	9.5	0.0	7.9	63
4-6	16.7	27.8	11.1	74.1	3.7	9.3	1.9	14.8	37.0	7.4	33.3	54
7-11	5.7	37.1	14.3	91.4	31.4	41.4	40.0	48.6	48.6	27.1	45.7	70
12-24	1.9	31.8	5.7	90.4	55.1	54.8	46.5	36.9	50.3	26.8	50.6	157
<b>Total</b>	<b>18.3</b>	<b>27.3</b>	<b>7.8</b>	<b>75.3</b>	<b>32.7</b>	<b>35.8</b>	<b>29.9</b>	<b>29.9</b>	<b>40.4</b>	<b>18.9</b>	<b>39.1</b>	<b>344</b>

\* An asterisk indicates that a figure is based on fewer than 15 cases

**Table 4.6.2 Caretakers Knowledge on timing of supplementary feeds/fluids**

According to the caretakers, when children should start receiving fluid and foods other than breast milk, by education level, PEAQ Balaka 2003

<b>Caretakers education**</b>	When children should start receiving fluid and foods other than breast milk					Number of children
	Before 4 months of age	Between 4 and 6 months	At 6 months	After 6 months	Do not know	
No education	17.8	17.8	47.9	11.0	5.5	73
Primary	10.9	34.0	48.7	3.8	2.5	238
Secondary and higher*	6.1	36.4	51.5	6.1	0.0	33
<b>Total</b>	<b>11.9</b>	<b>30.8</b>	<b>48.8</b>	<b>5.5</b>	<b>2.9</b>	<b>344</b>

\* An asterisk indicates that a figure is based on fewer than 15 cases

According to Table 4.6.5, caretaker knowledge levels of knowledge concerning two of the most important and available sources of vitamin A rich foods have dropped since baseline. The percentage able to identify green leafy vegetables was 69.6% at baseline and 56.4% at final; the percentage able to identify yellow fruits was 50.9% at baseline and 29% at final. Knowledge of the remaining sources in the table remains stable. Those professing no knowledge of any source of vitamin A has doubled from 10% at baseline to 20% at final.

**Table 4.6.1 Caretakers knowledge of food containing vitamin A**

When asked to report foods that contain Vitamin A, a nutrient which prevents night blindness, the percentage of children whose caretakers mentioned specific foods, by education level, PEAQ Balaka 2003

<b>Caretakers education**</b>	Foods containing Vitamin A							Number of Children
	Green leafy vegetables	Yellow Fruits	Meat	Fish	Breast milk	Eggs	Don't know	
No education	52.1	28.8	11.0	6.8	4.1	8.2	27.4	73
Primary	58.8	26.9	15.1	10.1	11.8	17.2	17.6	238
Secondary and higher*	48.5	39.4	15.2	15.2	24.2	36.4	24.2	33
<b>Total</b>	<b>56.4</b>	<b>28.5</b>	<b>14.2</b>	<b>9.9</b>	<b>11.3</b>	<b>17.2</b>	<b>20.3</b>	<b>344</b>

\* An asterisk indicates that a figure is based on fewer than 15 cases

## 4.7 Maternal Health

This section will examine the use of antenatal health services by the biological mothers of the children in the study.

Table 4.7.1 below reveals that 93.1% of the mothers in the survey received any antenatal care. This is unchanged from the baseline. The majority of women receive their antenatal care from a nurse/midwife. The second most common source of ANC services was the trained TBA. This is an increase over the baseline. At baseline only 3.8% of women got antenatal services from a trained TBA.

The percentage of mothers using the services of trained TBA for antenatal care has risen since baseline. At baseline only 3.8% of mothers used the TBA for antenatal care while at the time of the final survey, almost 13% of mothers made use of their services. Women in the 14-19 age group were most likely to use their services. Those with a secondary education were the least likely to use trained TBA for antenatal care. Of all the educational groups, these more educated women were most likely to use a nurse/midwife.

**Table 4.7.1 Antenatal Care**

Percentage distribution of mothers of children under 25 months of age by source of antenatal care (ANC) during pregnancy, according to mother's age and education, PEAQ Balaka Nov 1999								
	No ANC/Missing	Doctor /Clinical Officer/Medical Assistant	Trained Nurse/Midwife	Trained TBA	Untrained TBA	TBA status unknown	Unknown provider	Number
<b>Mother's Age</b>								
14-19	3.2	9.7	64.5	19.4	0.0	0	0	31
20-24	3.1	3.9	79.1	10.1	0.8	0	0	129
25-29	5.8	10.1	69.6	14.5	0.0	0	0	69
30+	6.1	8.7	67.8	13.0	0.0	0	1.7	115
<b>Mother's Education</b>								
No education	9.6	5.5	64.4	17.8	0.0	0	1.4	73
Primary education	3.8	8.0	73.1	12.2	0.4	0	0.4	238
Secondary or higher education	0.0	6.1	81.8	6.1	0.0	0	0.0	33
<b>Total</b>	<b>4.7</b>	<b>7.3</b>	<b>72.1</b>	<b>12.8</b>	<b>0.3</b>	<b>0</b>	<b>0.6</b>	<b>344</b>

Table 4.7.2 below presents the services received by mothers attending antenatal care. Substantial improvements in the services since baseline can be seen, particularly in the supply of Iron and TTV immunization. At baseline only 63.8% of mothers received iron during their last pregnancy. At final this had increased to 86.6%. At baseline 88.3% of

mothers reported having received TTV while at final 95.9% of mothers had received that service. Smaller gains were also registered for SP provision from 72% to 77%.

As was the case at the baseline, mothers 14-19 were least likely to receive SP, but the percentage receiving malaria prophylaxis had increased from 47.8% to 64.5%. Other age groups showed smaller less significant gains.

Strong improvements were seen in the supply of iron. Ninety per cent of mothers 14-19 (up from 60.9% at baseline) received iron supplementation, 86% of 20-24 year olds (up from 65%), 25 to 29 year olds improved from 59.6% at baseline to 87% at final. Thirty year olds receiving iron at baseline were 66% and at final were 86%.

Some improvements were also seen in the provision of TTV immunization. No particular age groups registered strong gains, rather small gains of a few percentage points were seen within each age cohort.

Education appeared to have little effect on the provision of services with the exception that those with a secondary education show a consistent pattern of receiving more services in each category, but this does not appear to be statistically significant.

**Table 4.7.2 Services received during antenatal care**

Services received during antenatal care (based only on caretakers who reported having received antenatal care irrespective of the provider. Information regarding service received is from antenatal card or verbal report)				
Percentage distribution of mothers of children under 25 months of age by services received at antenatal care (ANC) during pregnancy, according to mother's age and education, PEAQ Balaka Nov 2003				
	SP	Iron	TTV	Number
<b>Mother's Age</b>				
14-19	64.5	90.3	93.5	31
20-24	79.1	86.0	98.4	129
25-29	81.2	87.0	95.7	69
30+	78.3	86.1	93.9	115
<b>Mother's Education</b>				
No education	75.3	82.2	93.3	73
Primary education	77.3	87.0	96.2	238
Secondary or higher education	87.9	93.9	100	33
<b>Total</b>	<b>77.9</b>	<b>86.6</b>	<b>95.9</b>	<b>344</b>

As is indicated in Table 4.7.3 below, the majority of women continue to make their first visit in the middle trimester of pregnancy. At baseline, 66.7% of mothers made their first visit in the second trimester while at final 73.8% of women made their first visit in the second trimester of pregnancy. There is little variation in age as at least three quarters of the women in all age groups make their first visit in the second trimester. At final, women

CS-15 Malawi Final Knowledge, Attitudes, and Practices in Health Survey  
Save the Children

in the 14 to 19 age group are the most likely or any age group to make their first visit in the second trimester while women above the age of thirty make their first visit in the second trimester least often (64%) of the time. Rather than visiting earlier however, they have a tendency to start later with over 20% of them waiting until the third trimester to make their first visit.

Unexpectedly women with more education are more likely to start their antenatal visits in the second trimester of pregnancy than are other educational groups.

Approximately 30% of mothers had less than three antenatal visits while 21% had six or more.

**Table 4.7.3 Number of antenatal visits and stage of pregnancy**

Percentage distribution of mothers of children under 25 months of age by number of antenatal visits, and by stage of pregnancy at time of first visit, by age and education level, according to mother's age and education, PEAQ Balaka Nov 2003									
		Number of Antenatal Visits				Number of Months Pregnant at time of time of first antenatal visit			
Background characteristics	No ANC/Missing	1	2-3	4-5	6+	1-3	4-6	7+	Number of women
<b>Mother's Age</b>									
14-19	6.5	3.2	12.9	19.4	16.1	6.5	87.1	3.2	31
20-24	5.4	4.7	12.4	23.3	13.2	5.4	76.7	14.7	129
25-29	7.2	0.0	14.5	26.1	17.4	4.3	78.3	11.6	69
30+	7.0	0.0	15.7	19.1	11.3	7.8	64.3	21.7	115
<b>Mother's Education</b>									
No education	9.6	2.7	37.0	32.9	17.8	5.5	60.3	24.7	73
Primary education	5.5	2.9	26.5	43.7	21.4	6.7	76.5	13.0	238
Secondary or higher education	3.0	18.2	39.4	39.4	33.3	3.0	84.8	15.4	33
Total	6.4	2.9	27.9	41.0	21.8	6.1	73.8	15.4	344

There has been a distinct shift in the pattern of place of delivery (Table 4.7.4). At baseline just over one third of mothers gave birth at home, while 13.1% of mothers gave birth with a TBA, 22% gave birth at a health center, 23.9% gave birth at the district hospital. At final the percentage of mothers giving birth in their homes had dropped to approximately one quarter of women, the percentage of women giving birth at the home of a TBA had risen from 13.1% to 26.7%. There appears to be a distinct move away from home birth and toward births at the homes of TBA. Births at the district hospital and at hospitals have remained flat since the final evaluation. The drop in mothers giving birth at home and their concomitant rise with TBAs is most likely a reflection of training given to TBAs to discourage women from giving birth at home and encourage

them to plan their births and give birth with a TBA or other trained practitioner. This message has also been actively promoted by the health system at both outreach and static facilities throughout the district. The choice of the home of a TBA for the site of a birth may represent a compromise between the daunting difficulties of travel in the district vs. an increased desire to give birth under safer conditions.

As was the case at baseline, the lower the educational attainment of the mother the more likely she is to give birth at home.

**Table 4.7.4 Place of delivery**

Percentage distribution of mothers of children under 25 months of age by place of delivery, according to mother and education, PEAQ Balaka Nov 2003							
	At own home	Home of TBA	Health Centre	District Hosp	Private clinic	Other	Number
<b>Mother's Age</b>							
14-19	16.1	22.6	16.1	41.9	3.2	0.0	31
20-24	23.3	26.4	18.6	26.4	4.7	0.0	129
25-29	15.9	33.3	20.3	18.8	8.7	0.0	69
30+	31.3	24.3	18.3	18.3	5.2	0.9	115
<b>Mother's Education</b>							
No education	38.4	30.1	12.3	17.8	0.0	1.4	73
Primary education	21.0	27.7	19.3	23.1	6.7	2.1	238
Secondary or higher education	12.1	12.1	27.3	39.4	9.1	0.0	33
<b>Total</b>	<b>23.8</b>	<b>26.7</b>	<b>18.6</b>	<b>23.5</b>	<b>5.5</b>	<b>0.3</b>	<b>344</b>

In Table 4.7.5 below it can be seen that the majority of mothers gave birth either with a nurse/midwife or a trained TBA. Since the baseline, the percentage of women giving birth with a nurse midwife has dropped and the percentage of women giving birth with a TBA has risen. Forty-two percent of mothers gave birth with a midwife at final while at baseline 50% of mothers did so. At final, 24.4% of mothers gave birth with a TBA. This may be contrasted with the rate of 12.7% at baseline. This increase is consistent with the finding that more mothers are giving birth in a TBA seen in the result above.

Young women are the most likely to give birth with a nurse or midwife. This was true at both baseline and final. However, at baseline they were more likely to give birth with a friend or relative (22.2%) than they were to select a TBA to give birth with (11.1%). At the time of the final evaluation, this had reversed. They were more likely to give birth with a trained TBA (19.4%) than they were with a friend or relative (6.5%).

Those with a secondary education were most likely to give birth with a nurse/midwife of any educational group (50.2% at baseline and 66.7% at final). Those with no education



were most likely of any educational group to give birth by themselves (12.3%), least likely to give birth with a trained nurse/midwife (58.1), and most likely to give birth with a friend or relative. This is true at both baseline and final although the rate of giving birth with a trained nurse/midwife has increased from 38.8% at baseline, the rate of giving birth with a trained TBA has increased to 31.5% from 13.4% and the rate of giving birth with a friend has dropped to 13.2%.

**Table 4.7.5 Assistance during delivery**

Percentage distribution of mothers of children under 25 months of age by type of assistance during delivery, according to mother's age and education, PEAQ Balaka Nov 2003							
	No one	Doctor/Clinical Officer/Medical assistant	Trained nurse/Midwife	Trained TBA	Untrained TBA	TBA status unknown	Relative /friend
<b>Mother's Age</b>							
14-19	0.0	0.0	58.1	19.4	12.9	0.0	6.5
20-24	0.0	7.8	42.6	22.5	12.4	0.8	13.2
25-29	2.9	5.8	44.9	30.4	8.7	0.0	4.3
30+	13.9	6.1	36.5	24.3	5.2	0.0	12.2
<b>Mother's Education</b>							
No education	12.3	1.4	28.8	31.5	9.6	0.0	12.3
Primary education	3.4	7.1	43.3	24.4	10.1	0.4	10.1
Secondary or higher education	3.0	9.1	66.7	9.1	3.0	0.0	9.1
<b>Total</b>	<b>5.2</b>	<b>6.1</b>	<b>42.4</b>	<b>24.4</b>	<b>9.3</b>	<b>0.3</b>	<b>10.5</b>

Table 4.7.6 reveals patterns of Postnatal Care Seeking. At baseline, 68.1% of women received no postnatal care while at the time of the final 51.7% of mothers received no postnatal care. This is an improvement of 16 percentage points. At both baseline and final mothers in the youngest age group were the least likely to get postnatal services. Fourteen percent of mothers had their first post natal within a week of birth as recommended. The remainder waited beyond the recommended period. Those with the most education were the least likely to miss postnatal care.

**Table 4.7.6 Postnatal care**

Percentage distribution of mothers of children under 25 months by time (in weeks after delivery) of seeking first postnatal, according to mother's age and education, PEAQ Balaka Nov 2003										
	No PNC	1	2	3	4	5	6	7+	Missing	Number
<b>Mother's Age</b>										
14-19	67.7	9.7	3.2	3.2	12.9	0.0	0.0	3.2	0.0	31
20-24	55.0	9.3	12.4	6.2	7.0	0.0	4.7	9.4	0.8	129

Percentage distribution of mothers of children under 25 months by time (in weeks after delivery) of seeking first postnatal, according to mother's age and education, PEAQ Balaka Nov 2003										
	No PNC	1	2	3	4	5	6	7+	Missing	Number
25-29	49.3	21.7	18.8	4.3	1.4	0.0	1.4	1.4	2.8	69
30+	45.2	18.3	13.9	6.1	7.0	0.0	3.5	2.4	5.2	115
<b>Mother's Education</b>										
No education	58.9	11.0	5.5	6.8	6.8	0.0	6.8	2.7	1.4	73
Primary education	51.3	16.0	13.4	5.5	5.5	0.0	5.5	2.4	3.3	238
Secondary or higher education	39.4	15.2	30.3	3.0	12.1	0.0	0.0	2.1	0.0	33
<b>Total</b>	<b>51.7</b>	<b>14.8</b>	<b>13.4</b>	<b>5.5</b>	<b>6.4</b>	<b>0.0</b>	<b>3.2</b>	<b>2.4</b>	<b>2.6</b>	<b>344</b>

## Chapter 5

### 5 Sexually Transmitted Infections and Acquired Immune Deficiency Syndrome

Sexually transmitted infections (STI) and Acquired Immune Deficiency (AIDS) are significant public health problems in Malawi. In fact, Malawi is suffering from one of the world's most severe HIV/AIDS epidemics. The National AIDS Control Program estimates that about 20% of pregnant women are infected with HIV, and it is probable that this infection will be transmitted to about 30% of their infants. Overall national adult prevalence of HIV is 15%. The national syphilis rate among pregnant women is 6%.

The Government of Malawi (GOM) and its partners have responded to the HIV/AIDS crisis by developing a National Strategic Framework (NSF) for addressing the problem during the 2000-2004 period. The government has addressed the HIV/AIDS developing a broad multi-sectoral response with intervention specific guidelines. Primary responsibility for control of the HIV/AIDS epidemic now lies with the National Aids Commission. PEAQ implemented a broad set of interventions designed to reduce HIV/AIDS in the district. Included in these interventions was a BCC strategy designed to

- Increase protective sexual practices by both men and women
- Delay first sexual encounter among adolescents
- Increase the number of Anankungwis who include positive RH messages in their initiation rites.

#### 5.1 Awareness of STIs

A major component, necessary but not sufficient, of any successful BCC strategy is to ensure that target populations have the information they require to adopt the desired behavior. Significant changes in awareness of STIs occurred during the project period. Awareness levels of all major STIs, including HIV, rose substantially among both males and females across age groups.

At baseline 68.1% of women could name syphilis as a STI, 67.5% could name gonorrhea, 79% could identify HIV/AIDS, 14.8% could recognize genital warts, 14% could distinguish Trichomoniasis, 54% could name buboes and less than 1% could identify no sexually transmitted infection.

As Table 5.1.1 indicates, at final, 85.3% of women could name syphilis as a STI, a gain of 17.1 percentage points. Eighty seven point one percent of women could name gonorrhea, a gain of nearly 20 percentage points. Almost ninety two percent could identify HIV/AIDS, an improvement of 13 percentage points. Just under 30% could recognize genital warts, up from 15% at baseline. Twenty two percent could distinguish Trichomoniasis, an improvement of 8 percentage points. Seventy eight percent could name buboes an improvement of 24 percentage points and less than 2% could identify no sexually transmitted infection.

There were no significant differences in knowledge by age group, but education showed an effect. With the exception of knowledge of Trichomoniasis, those with higher educational achievement display higher knowledge for all STIs. This pattern is consistent with the findings at baseline.

**Table 5.1.1 Knowledge of sexually transmitted disease: women**

Percentage of women who know of specific sexually transmitted diseases, by selected background characteristics, PEAQ Balaka, 2003								
Background characteristics	Syphilis	Gonorrhea	HIV/AIDS	Genital warts	Trichomoniasis	Buboes	Don't know any	Number of men
<b>Age</b>								
15-19	87.8	87.8	95.7	25.2	21.7	81.7	1.7	115
20-24	83.1	86.0	91.8	26.3	18.9	72.4	2.1	243
25-29	85.5	86.1	89.7	28.5	24.8	80.0	0.6	165
30-34	86.2	91.3	92.8	36.2	29.0	80.4	4.3	138
35-39	85.5	87.2	90.6	30.8	17.9	82.9	0.0	117
40-44	85.0	83.3	90.0	28.3	21.7	76.7	3.3	60
45-49	87.5	87.5	92.9	30.4	23.2	78.6	0.0	56
<b>Educational level</b>								
No education	78.6	82.1	86.5	29.7	19.7	72.9	0.4	229
Primary	87.0	87.7	93.2	28.8	24.3	79.3	2.1	576
Secondary and higher	92.1	96.6	96.6	29.2	15.7	85.4	3.4	89
<b>Total</b>	<b>85.3</b>	<b>87.1</b>	<b>91.8</b>	<b>29.1</b>	<b>22.3</b>	<b>78.3</b>	<b>1.8</b>	<b>894</b>

Table 5.1.2 below reveals that at final, 86.7% of men could name syphilis as a STI, a gain of 17.5 percentage points over baseline. Eighty nine point one percent of men could identify gonorrhea, a gain of nearly 16 percentage points. Almost ninety-five percent of men could identify HIV/AIDS, an improvement of 20 percentage points. Twenty-two percent of men could recognize genital warts, up from 13% at baseline. Ability to name Trichomoniasis (10%) remains unchanged from baseline among men. Almost 82% of men could name buboes an improvement of 30 percentage points and less than 2% could identify no sexually transmitted infection.

There were no consistent differences in knowledge by age group, but education showed an effect. As was the case with women, those with higher educational achievement display higher knowledge for all STIs. This pattern is consistent with the findings at baseline.

**Table 5.1.2 Knowledge of sexually transmitted diseases: men**

Percentage of men who know of specific sexually transmitted diseases, by selected background characteristics, PEAQ Balaka, 2003								
Background characteristics	Syphilis	Gonorrhea	HIV/AIDS	Genital warts	Trichomoniasis	Buboes	Don't know any	Number of men
<b>Age</b>								
15-19	84.3	84.3	94.5	22.0	13.4	75.6	1.8	127
20-24	92.9	93.5	96.8	15.6	9.7	83.8	0.0	154
25-29	89.3	91.6	93.9	22.1	18.3	85.5	0.0	131
30-34	84.0	90.0	93.0	26.0	7.0	83.0	0.0	100
35-39	81.0	91.4	95.2	28.6	10.5	85.7	1.0	105
40-44	82.8	86.2	94.8	24.1	8.6	79.3	1.7	58
45-49	91.3	95.7	95.7	26.1	13.0	91.3	0.0	46
50-54	80.7	79.5	90.9	19.3	3.4	72.7	1.1	88
<b>Educational level</b>								
No education	74.2	80.0	91.7	15.8	5.0	70.0	0.8	120
Primary	88.1	90.4	95.1	22.4	11.6	83.9	0.4	554
Secondary and higher	88.6	91.7	93.9	27.3	13.6	83.3	0.8	135
<b>Total</b>	<b>86.2</b>	<b>89.1</b>	<b>94.4</b>	<b>22.2</b>	<b>10.9</b>	<b>81.8</b>	<b>0.5</b>	<b>809</b>

## **5.2 Self-reporting of Recent Sexually Transmitted Infections**

Male and female respondents were asked whether they had a sexually transmitted infection in the past 12 months. Results are listed in Table 5.2.1. At baseline only 2.5% of women and 5.1% of men were willing to admit that they have had a sexually transmitted infection in the last 12 months. At the time of the final evaluation almost 20% of women and 12% of men reported that they had had a sexually transmitted infection in the last 12 months. Although little can be said about actual incidence of STI in the community on the basis of data, it is clear that there has been a vast increase in the willingness of community members to report having contracted an STI since the beginning of the project. This can reasonably be attributed to the project BCC intervention.

**Table 5.2.1 Self-reporting of sexually transmitted diseases in the past year**

Percentage of women and men who reported having specific sexually transmitted infections (STIs) or symptoms during the 12 months preceding the survey, by background characteristics, PEAQ Balaka, 2003											
Back-ground Charac-teristics	Women					Men					
	Any STI	Syphilis	Gonor-rhoea	Other	Number of women	Any STI	Syphilis	Gonor-rhoea	Pain on urination or discharge	Other	Number of men
<b>Age</b>											
15-19	16.5	0.0	0.0	1.7	115	11.8	0.0	0.8	11.0	0.0	127
20-24	20.2	0.0	0.0	3.3	243	14.3	0.0	2.6	12.3	1.3	154
25-29	20.0	0.6	0.0	2.4	165	17.6	0.0	3.1	9.2	1.5	131
30-34	23.9	0.7	0.7	4.3	138	3.0	0.0	3.0	3.0	0.0	100
35-39	17.9	0.0	0.0	1.7	117	12.4	1.0	0.0	8.6	1.0	105
40-44	15.0	0.0	0.0	5.0	60	6.9	1.7	0.0	3.4	1.7	58
45-49	16.1	0.0	1.8	0.0	56	21.7	0.0	4.3	15.2	2.2	46
50-54	NA	NA	NA	NA	NA	8.0	0.0	2.3	3.4	1.1	88
<b>Education level</b>											
No education	7.1	0.0	0.0	0.0	70	10.0	0.0	2.5	5.8	0.8	120
Primary	19.9	0.2	0.1	3.0	704	13.4	0.4	2.2	9.6	1.1	554
Secondary	23.3	0.0	0.8	3.3	120	8.3	0.0	0.8	6.8	0.1	135
<b>Total</b>	<b>19.4</b>	<b>0.2</b>	<b>0.2</b>	<b>2.8</b>	<b>894</b>	<b>12.0</b>	<b>0.2</b>	<b>2.0</b>	<b>8.5</b>	<b>1.0</b>	<b>809</b>

### 5.3 HIV/AIDS Knowledge and Awareness

Basic awareness of HIV/AIDS and knowledge of routes of transmission is reported in the two following tables (5.3.1 and 5.3.2). Ninety-six and one half per cent of women and 98.3% of men had ever heard of AIDS. This is up somewhat from the baseline for women. At baseline 92% of women overall had heard of HIV/AIDS. There was no significant variation in overall awareness of AIDS by age in either sex although knowledge was slightly better in the younger age groups among women.

For the major modes of transmission, 95.4% of women and 97% of men identified sexual intercourse. At baseline, 84.3% of women and 77.1% of men mentioned sexual intercourse as a mode of transmission for HIV. This represents an increase 11.1 percentage points for women and nearly 20 percentage points for men. Ninety one point five percent of women mentioned blood transfusion and 89.5 per cent identified needles or razor blades as major modes of HIV transmission. At baseline, 76.4% of women identified blood transfusion and while 74% mentioned needles/razor blades. Between baseline and final identification rates among women for these two ways of transmission

of HIV improved 15.3 percentage points for blood transfusion and nearly 16 percentage points for needles/razor blades.

Among men at baseline, 71% mentioned blood transfusions and 69% identified needles/razor blades as ways in which HIV could be transmitted. At final these figures were 91% and 92% respectively. This represents improvements of 20 percentage points for both methods of transmission.

Awareness of mother to child transmission has increased since baseline for both women and men. At baseline 64% of women and 56% of men identified transmission of HIV from mother to child during pregnancy as a mode of transmission of HIV. At final 75% of women and 72% of men could make that identification. Recognition of HIV transmission from mother to child in breast milk increased from 59.6% to 75% for women and from 52% to 67% for men during this period.

Only two false modes of transmission were identified by significant numbers of women and men. These were kissing and bites by mosquitos. At baseline, 18.3% of women and 23.4% of men believed that HIV could be transmitted through kissing. At the time of the final, 23% of women and 26% of men still believed that HIV could be transmitted through kissing. Thus the rate remained flat for women and rose slightly for men. Belief that mosquitos transmit HIV is persistent and rising in the community. At baseline, 25.9% of women and 18.8% of men believe that HIV could be transmitted by mosquitos. At final, 42.5% of women and 32.5% of men. Thus, the rate rose 16 percentage points for women and 13.7 percentage points for men.

**Table 5.3.1 Knowledge of HIV transmission: women**

Percentage of women who reported specific ways in which HIV is transmitted, by selected background characteristics, PEAQ Balaka, 2003											
Back ground Characteristics	Ever heard of AIDS	Hand Shake	Ways of getting HIV								Number of women
			Kiss	Sexual inter-course	Sharing cooking utensils	Mother-child during pregnancy	Mother-child in breast milk	Mosquito bites	Blood transfusion	Needles/ blades/ skin puncture	
<b>Age</b>											
15-19	100	0.9	18.3	98.3	4.3	68.7	73.9	33.9	89.6	91.3	115
20-24	96.7	3.7	23.9	95.9	3.7	73.3	74.5	40.7	88.9	86.8	243
25-29	95.8	1.2	26.7	95.8	3.0	78.2	81.2	47.3	95.8	93.3	165
30-34	94.2	1.4	18.1	92.8	5.8	74.6	68.8	44.9	89.9	88.4	138
35-39	94.9	2.6	23.1	93.2	5.1	80.3	77.8	47.0	93.2	89.7	117
40-44	96.7	1.7	31.7	93.3	8.3	78.3	73.3	40.0	91.7	86.7	60
45-49	100	3.6	35.7	100	5.4	78.6	83.9	41.1	94.6	91.1	56
<b>Current marital Status</b>											
Never been married	98.6	0.0	21.4	95.7	1.4	72.9	71.4	28.6	90.0	92.9	70
Married	96.3	2.1	24.0	96.0	4.3	76.6	77.0	44.3	91.8	89.5	704
Divorced or Separated or Widowed	96.7	4.1	25.0	91.7	8.3	70.0	70.8	40.0	90.8	87.5	120

Percentage of women who reported specific ways in which HIV is transmitted, by selected background characteristics, PEAQ Balaka, 2003

Back ground Characterist ics	Ever heard of AIDS	Hand Shake	Ways of getting HIV								Number of women
			Kiss	Sexual inter- course	Sharing cooking utensils	Mother- child during preg- nancy	Mother- child in breast milk	Mos- quito bites	Blood trans- fusion	Needles/ blades/ skin puncture	
<b>Education level</b>											
No education	93.4	2.2	24.0	92.6	5.2	69.4	75.5	45.0	87.8	84.3	229
Primary	97.2	2.6	24.1	95.8	4.9	75.9	75.5	43.8	92.2	89.9	576
Secondary	95.6	0.0	22.5	100	1.1	87.6	77.5	28.1	96.6	100	89
<b>Total</b>	<b>96.5</b>	<b>2.2</b>	<b>23.9</b>	<b>95.4</b>	<b>4.6</b>	<b>75.4</b>	<b>75.7</b>	<b>42.5</b>	<b>91.5</b>	<b>89.5</b>	<b>894</b>

**Table 5.3.2 Knowledge of HIV transmission: men**

Percentage of men who reported specific ways in which HIV is transmitted, by selected background characteristics, PEAQ Balaka, 2003

Background Characteristics	Ever heard of AIDS	Hand shake	Ways of getting HIV								Number of men
			Kiss	Sexual inter- course	Sharing cooking utensils	Mother- child during preg- nancy	Mother- child in breast milk	Mos- quito bites	Blood trans- fusion	Needles/ blades/ skin punctures	
<b>Age</b>											
15-19	100	2.4	29.1	98.4	6.3	74.8	64.6	33.1	89.8	90.6	127
20-24	98.8	3.2	20.8	98.1	2.6	67.5	67.5	33.8	94.8	95.5	154
25-29	100	2.3	30.5	99.2	6.1	71.8	64.1	28.2	92.4	94.7	131
30-34	98.0	3.0	28.0	97.0	4.0	72.0	64.0	30.0	90.0	91.0	100
35-39	99.0	4.8	22.9	99.0	8.6	83.8	77.1	40.0	97.1	94.3	105
40-44	94.8	8.6	32.8	98.3	10.3	77.6	75.9	29.3	87.9	87.9	58
45-49	100	8.7	32.6	100	10.9	69.6	76.1	45.7	93.5	91.3	46
50-54	96.6	3.4	20.5	93.2	10.2	62.5	60.2	27.3	86.4	80.7	88
<b>Current marital Status</b>											
Never been married	99.0	1.5	27.3	99.0	4.0	73.7	68.7	33.8	91.4	91.9	198
Married	98.5	4.4	26.3	97.9	7.2	72.6	67.2	32.5	92.5	91.5	585
Divorced/ Separated/ Widowed	88.5	7.7	19.2	88.5	11.5	53.8	69.2	30.8	80.8	88.5	26
<b>Education level</b>											
No education	95.0	10.8	32.5	92.5	14.2	61.7	70.8	43.3	85.8	80.0	120
Primary	98.6	2.7	23.6	98.6	5.1	72.2	67.0	35.2	92.6	92.2	554
Secondary	100	2.3	31.8	100	6.1	82.6	676.7	13.6	93.9	98.5	132



Percentage of men who reported specific ways in which HIV is transmitted, by selected background characteristics, PEAQ Balaka, 2003

Background Characteristics	Ways of getting HIV										Number of men
	Ever heard of AIDS	Hand shake	Kiss	Sexual intercourse	Sharing cooking utensils	Mother-child during pregnancy	Mother-child in breast milk	Mosquito bites	Blood transfusion	Needles/ blades/ skin punctures	
<b>Total</b>	<b>98.3</b>	<b>3.8</b>	<b>26.3</b>	<b>97.9</b>	<b>6.6</b>	<b>72.3</b>	<b>67.6</b>	<b>32.8</b>	<b>91.8</b>	<b>91.5</b>	<b>809</b>

Respondents who have heard about AIDS were also asked about ways to avoid AIDS (Tables 5.3.3 and 5.3.4). The method of avoiding contracting HIV most commonly mentioned by females (41%) was abstain from sex. At baseline this was mentioned by 28%. At baseline, the most common method of avoiding HIV mentioned by women (39.8%) was have only one partner. The method of avoiding HIV most commonly mentioned by men at baseline was always use a condom (33.5%). At final, men most commonly mentioned abstain from sex (47%)

The second most common action mentioned by women at final was “have only one sexual partner.” This was cited by 37% of all women. Always use a condom was the second most common method of avoiding AIDS mentioned by men (43%). At baseline, the second most common method of preventing HIV cited by women was “always use a condom” (30.7%); the second most common method mentioned by men was “abstain from sex” (32.6%).

At baseline, the percentage of women able to identify two or more forms of preventing HIV was 37%. At final, the percentage of women able to identify two or more valid forms of preventing HIV was 48%. This was an increase of 11%. The percentage of men who could name two or more valid ways of preventing HIV was 49% while at final it was 65%. This is a 16 percentage point increase over the baseline value.

**Table 5.3.3 Knowledge of ways to avoid AIDS: women**

Percentage of women who have heard of AIDS and who know of specific ways to avoid AIDS and percentage with knowledge of at least two valid ways, by selected background characteristics, PEAQ Balaka, 2003

Background Characteristics	Ways to avoid AIDS							Knowl- edge of at least two valid ways	Number of women
	No way to avoid AIDS	Abstain from sex	Limit no. of partners	Have only one sexual partner	Always use condom during sex	Use new or sterilised syringes	Avoid Prostitutes		
<b>Age</b>									
15-19	5.3	45.9	6.4	32.1	33.0	40.4	16.5	54.8	115
20-24	6.4	40.4	6.9	33.5	36.7	26.1	10.6	41.2	243
25-29	6.9	38.4	6.8	42.5	36.3	34.9	14.4	55.8	165
30-34	6.1	41.5	4.9	33.6	41.0	34.4	11.5	52.2	138
35-39	5.4	37.1	6.7	44.8	29.5	35.2	13.3	49.6	117
40-44	10.3	46.2	5.8	34.6	28.8	30.8	11.5	41.7	60
45-49	5.4	39.6	7.5	45.3	22.6	24.5	13.2	41.1	56
<b>Current marital status</b>									
Never been married	4.3	59.7	4.5	17.9	31.3	29.9	16.4	45.7	67
Married	6.2	37.7	6.3	42.7	33.9	31.6	12.8	49.0	632
Divorced/ Separated/ Widowed	8.6	47.7	8.5	17.0	39.6	37.7	10.4	46.7	106
<b>Education Level</b>									
No education	9.7	38.3	7.8	39.6	27.3	29.2	16.7	40.2	229
Primary	5.9	40.2	6.3	37.1	37.0	34.1	11.8	50.9	576
Secondary or higher	1.1	50.0	4.5	33.0	35.2	28.4	10.2	53.9	89
<b>Total</b>	<b>6.4</b>	<b>40.8</b>	<b>6.5</b>	<b>37.3</b>	<b>34.4</b>	<b>32.3</b>	<b>12.8</b>	<b>48.4</b>	<b>894</b>

**Table 5.3.4 Knowledge of ways to avoid AIDS: men**

Percentage of men who have heard of AIDS and who know of specific ways to avoid AIDS and percentage with knowledge of at least two valid ways, by selected background characteristics, PEAQ Balaka, 2003

Background Characteristics	Ways to avoid AIDS							Knowledge of at least two valid ways	Number of men
	No way to avoid AIDS	Abstain from sex	Limit no. of partners	Have only one sexual partner	Always use condom during sex	Use new or sterilized syringes	Avoid prostitutes		
<b>Age</b>									
15-19	2.4	63.8	2.4	11.0	58.3	17.3	7.9	62.2	127
20-24	2.6	51.3	4.5	27.3	55.8	20.1	14.9	68.2	154
25-29	4.6	45.0	4.6	35.1	48.1	19.1	23.7	65.5	131
30-34	5.0	41.0	7.0	36.0	45.0	21.0	20.0	73.0	100
35-39	7.6	42.6	10.5	29.5	34.3	23.8	23.8	64.8	105
40-44	3.4	44.8	5.2	36.2	29.3	20.7	15.5	58.6	58
45-49	2.2	41.3	4.3	30.4	21.7	13.0	19.6	47.8	46
50-54	11.4	42.0	4.5	30.7	25.0	15.9	13.6	56.8	88
<b>Current marital status</b>									
Never been married	95.5	59.1	92.4	79.8	57.1	17.2	8.6	63.1	198
Married	92.8	44.4	87.2	59.8	38.5	20.3	20.7	64.6	585
Divorced/ Separated/ Widowed	84.6	38.5	69.2	57.7	26.9	11.5	17.2	73.1	26
<b>Education Level</b>									
No education	7.5	26.7	10.0	31.7	20.0	12.5	20.8	53.3	120
Primary	5.2	47.8	4.9	28.2	45.1	18.2	16.6	63.4	554
Secondary or higher	0.8	66.7	3.0	27.3	58.3	29.5	16.7	79.5	135
<b>Total</b>	<b>4.8</b>	<b>47.8</b>	<b>5.3</b>	<b>28.6</b>	<b>43.6</b>	<b>19.3</b>	<b>17.2</b>	<b>64.5</b>	<b>809</b>

Results both at baseline and final survey were and remained high for awareness of AIDS-related health issues for both men and women. According to Tables 5.3.5 and 5.3.6, 85% percent of women and 93% of males knew that a healthy person can have the AIDS virus. Just over 2% of women and 3% of men thought that AIDS can be cured while 63% of women and 72% of men say they know someone who is HIV positive.

**Table 5.3.5 Awareness of AIDS-related health issues: women**

Percentage of women who are aware of AIDS-related health issues, by background characteristics, PEAQ Balaka, 2003

Background Characteristics	Can a healthy person have the AIDS virus? Yes	Can AIDS be cured? Yes	Do you know someone with AIDS or who has died of AIDS? Yes	Number of women
<b>Age</b>				
15-19	87.0	3.5	65.2	115
20-24	86.0	2.9	65.0	243
25-29	86.7	1.8	55.2	165
30-34	85.5	2.9	61.6	138
35-39	82.1	1.7	69.2	117
40-44	86.7	5.0	66.7	60
45-49	85.7	3.6	60.7	56
<b>Current marital status</b>				
Never been married	92.9	7.1	55.7	70
Married	84.9	2.4	64.3	704
Divorced/ Separated/ Widowed	85.8	2.5	60.0	120
<b>Education Level</b>				
No education	79.9	3.5	60.3	229
Primary	85.9	1.9	62.8	576
Secondary	98.9	6.7	71.9	89
<b>Total</b>	<b>85.7</b>	<b>2.8</b>	<b>63.1</b>	<b>894</b>

**Table 5.3.6 Awareness of AIDS-related health issues: men**

Table 5.3.6 Awareness of AIDS-related health issues: men				
Percentage of men who are aware of AIDS-related health issues, by background characteristics, PEAQ Balaka, 2003				
Background Characteristics	Can a healthy person have the <u>AIDS virus?</u> Yes	<u>Can AIDS be cured?</u> Yes	Do you know someone with AIDS or who has <u>died of AIDS?</u> Yes	Number of men
<b>Age</b>				
15-19	93.7	0.8	58.3	127
20-24	94.2	1.3	68.2	154
25-29	95.4	3.1	77.9	131
30-34	91.0	4.0	82.0	100
35-39	95.2	5.7	76.2	105
40-44	93.1	0.0	82.8	58
45-49	97.8	6.5	73.9	46
<b>50-54</b>	<b>88.6</b>	<b>6.8</b>	<b>68.2</b>	<b>88</b>
<b>Current marital status</b>				
Never been married	94.9	2.5	61.1	198
Married	93.5	3.2	75.9	585
Divorced/ Separated/ Widowed	84.6	7.7	76.9	26
<b>Education Level</b>				
No education	85.5	4.2	70.0	120
Primary	93.9	2.7	74.4	554
Secondary	99.2	3.8	65.2	132
<b>Total</b>	<b>93.6</b>	<b>3.2</b>	<b>72.3</b>	<b>809</b>

#### 5.4 Perceptions of the Risk of Getting AIDS

There were no significant changes in the sense of perceived risk for contracting HIV during the life of the project.

**Table 5.4.1 Perception of risk of getting AIDS: women**

Percent distribution of women who know about AIDS by their perception of the risk of getting AIDS, according to selected background characteristics, PEAQ Balaka, 2003					
Background Characteristics	<u>Perceived risk of getting AIDS</u>				Number of women
	No risk at all	Small	Moderate	Great	
<b>Age</b>					
15-19	18.3	33.0	2.6	7.0	115
20-24	11.5	36.2	8.2	8.6	243
25-29	12.1	31.5	12.1	9.7	165
30-34	6.5	25.4	14.5	10.1	138
35-39	8.5	37.6	13.7	12.8	117
40-44	11.7	36.7	11.7	3.3	60
45-49	33.9	30.4	3.6	5.4	56
50-54					
<b>Current marital status</b>					
Never been married	21.4	25.7	2.9	8.6	70
Married	11.4	33.1	11.1	9.7	704
Divorced/ Separated/ Widowed	15.8	37.5	6.7	4.2	120
<b>Education level</b>					
No education	11.8	32.3	10.5	7.9	229
Primary	12.3	33.3	9.2	9.5	576
Secondary and higher	18.0	33.7	12.4	6.7	89
<b>Total</b>	<b>12.8</b>	<b>33.1</b>	<b>9.8</b>	<b>8.8</b>	<b>894</b>

**Table 5.4.2 Perception of risk of getting AIDS; men**

Percent distribution of men who know about AIDS by their perception of the risk of getting AIDS, according to selected background characteristics, PEAQ Balaka, 2003					
Background Characteristics	<u><i>Perceived risk of getting AIDS</i></u>				Number of men
	No risk at all	Small	Moderate	Great	
<b>Age</b>					
15-19	28.3	41.7	7.1	1.6	127
20-24	19.5	55.8	4.5	5.8	154
25-29	16.8	50.4	9.2	5.3	131
30-34	22.0	41.0	12.0	2.0	100
35-39	21.9	50.5	9.5	8.6	105
40-44	12.1	46.6	10.3	5.2	58
45-49	8.7	52.2	6.5	8.7	46
50-54	14.8	44.3	6.8	4.5	<b>88</b>
<b>Current marital status</b>					
Never been married	25.8	45.5	6.6	2.0	198
Married	17.4	49.7	8.7	5.5	585
Divorced/ Separated/ Widowed	15.4	30.8	3.8	15.4	26
<b>Education level</b>					
No education	12.5	42.5	5.0	4.2	120
Primary	20.0	48.0	8.7	5.1	554
Secondary and higher	23.5	53.8	7.6	5.3	132
<b>Total</b>	<b>19.4</b>	<b>48.1</b>	<b>8.0</b>	<b>4.9</b>	<b>809</b>

Among those who felt that they had little or no reason to feel that they were at risk of getting HIV (Table 5.4.3), 21.7% of women and 18% of men gave abstain from sex as a reason. At baseline, 7.7% of women and 16.8% of men gave this reason. While there was no significant movement toward increased abstinence for men, abstinence for women increased by 14 percentage points. Increases were particularly striking among those who have never been married and those who were divorced/separated. The former increased from 14.2% at baseline to 69.7% while the latter increased from 22.2% at baseline to 68% at the final survey.

Use of condoms as a reason for having little or no risk of getting AIDS did not change between baseline and final for women. At baseline it was 10.6% while at final it was 9.8%. Use of condoms as a reason for having little or no risk of getting AIDS increased for men. At baseline this reason was given by only 12.1% of men while at the final it was given by 21% of men. Increases were most significant among men who were divorced. Among this group use of condoms as reason went up from 34% at baseline to 41.7% at final.

Limiting oneself to one sex partner was offered as a reason for feeling at low risk by 23.2% of women at baseline and nearly 60% at final. This is an increase of almost 37 percentage points. Surprisingly this went up most among married women. At baseline the percentage of married women who gave this reason was 29%. At final it was 74%. This is an increase of 45 percentage points, a more than 100% increase.

Among men who felt themselves as low risk because of having only one sex partner, the percentage was 32% at baseline and 58% at final. This is an increase of 26 percentage points. As was the case with women, increases were most striking among those who were married. At baseline the percent of married males giving this as a reason was 41%. At final it had increased to 74%, 33 percentage points higher.

Those giving limited number of partners as a reason for feeling low risk remained the same among women but dropped 9 percentage points for men. No one gave avoid prostitutes as a reason for feeling low risk though at baseline 5.1% of women and 16% of the men gave this as a reason. Those who gave use of new needles/blades as a reason for feeling low risk increased from 3% to 14% or 11 percentage points among women and 6.7 percentage points among men.



**Table 5.4.3 Reasons for perception of small or no risk of getting AIDS**

Percentage of women and men who think they have small or no risk of getting AIDS, by reasons for that perception and marital status, PEAQ Balaka, 2003							
Background Characteristics	Abstain from sex	Use condoms	One sex partner	Limited number of partners	Avoid prostitutes	Use new or sterilized needles/ blades	Number of women/men
<b>WOMEN</b>							
<b>Current marital status</b>							
Never been married	69.7	21.2	6.1	3.0	-	12.1	33
Married	7.0	8.3	74.1	3.8	-	15.3	313
Divorced/ Separated/ Widowed	68.8	10.9	15.6	1.6	-	7.8	64
<b>Total</b>	<b>21.7</b>	<b>9.8</b>	<b>59.5</b>	<b>3.4</b>	<b>-</b>	<b>13.9</b>	<b>410</b>
<b>MEN</b>							
<b>Current marital status</b>							
Never been married	46.8	35.5	17.0	2.8	-	9.2	141
Married	6.6	14.8	73.5	9.4	-	10.4	393
Divorced/ Separated/ Widowed	33.3	41.7	33.3	8.3	-	9.3	12
<b>Total</b>	<b>17.6</b>	<b>20.7</b>	<b>58.1</b>	<b>7.7</b>	<b>-</b>	<b>10.1</b>	<b>546</b>

Table 5.4.4 summarizes the reasons given by women and men for feeling at moderate or great risk of contracting HIV/AIDS. At baseline, the most common reason given by both men and women for feeling at moderate or high risk was having more than one sexual partner. At the time of the final evaluation the primary reason given for feeling at moderate or high risk of contracting HIV was spouse has other partners. This reason was given by 61.7% of women and 24% of men. No other reason is given such weight by women. The only other significant cause of worry for them is not using condoms at 10.8% of those women responding. This percentage is virtually unchanged from the baseline. By contrast, those men who feel themselves at significant risk of contracting HIV show their concern across a number of categories: no use of condoms (18%), more than one sex partner (19%), use of unsterilized needles/blades. These percentages are all up significantly from baseline when they were 4.9%, 7.2% and 2.3% respectively. This indicates very substantial increases in the sense of risk among males in categories of behavior that do put them at risk.

**Table 5.4.4 Reasons for perception of moderate or great risk of getting AIDS**

Percentage of women and men who think they have a moderate or great risk of getting AIDS, by reasons for that perception and marital status, PEAQ Balaka, 2003							
Background Characteristics	Do not use condoms	More than one sex partner	Spouse has other partners	Had blood transfusion or likely to receive one	Used unsterilised needles/ blades	Spouse/ partner has AIDS or died of AIDS	Number of women/men
<b>WOMEN</b>							
<b>Current marital status</b>							
Never been married	37.5	0.0	12.5	0.0	12.5	0.0	8
Married	10.3	4.1	65.1	0.7	5.5	0.7	146
Divorced/ Separated/ Widowed	0.0	7.7	53.8	7.7	0.0	0.0	13
<b>Total</b>	<b>10.8</b>	<b>4.2</b>	<b>61.7</b>	<b>1.2</b>	<b>5.4</b>	<b>0.6</b>	<b>167</b>
<b>MEN</b>							
<b>Current marital status</b>							
Never been married	17.6	5.9	29.4	11.8	29.4	0.0	17
Married	15.7	22.9	21.7	7.2	8.4	1.2	83
Divorced/ Separated/ Widowed	60.0	0.0	40.0	0.0	0.0	1.0	5
<b>Total</b>	<b>18.1</b>	<b>19.0</b>	<b>23.8</b>	<b>7.6</b>	<b>11.4</b>	<b>1.0</b>	<b>105</b>

## 5.5 Changes in Behavior

Men and women who had heard of AIDS were asked whether they had changed their behavior as a result. If they had changed their behavior they were asked what type of change they had made. As tables 5.5.1 and 5.5.2 below indicate, 92.4% of women and 93.5% of men have changed their behavior as a result of having heard about the AIDS epidemic. Only small percentages of those who had heard of AIDS ( 7.6% of men and 6.5% of women) reported no change. This is consistent with the findings at baseline.

Among women at baseline, 23.2% indicated that they had restricted themselves to one partner. At final, 69.2% stated that they restricted themselves to one partner. This is an improvement of 46 percentage points over baseline. At final, 59% of men stated that they had reduced the number of partners they had. This may be compared to 32.7% at baseline. Twenty-one percent of women and 14 percent of men asked their spouse to be faithful. At baseline these numbers were 8.8% and 3.4% respectively. Sixteen percent of women abstained from sex at final while 11% did so at baseline. Only 6.4 % of men reported this behavior change at final. This is little changed from baseline when it was 8.8%. Fifteen percent of women reported that they avoided injections/unsterilized blades, up from 8.8% at baseline. Among men, 4.6% reported avoiding injections at the final survey, down from 11% at the baseline. Among men, remaining behaviors which were practiced by significant numbers included condom use (21%, up from 18.5%) and

avoiding prostitutes (15%, up from 10%). Overall, only 4% of women and 9% of men indicated that they delayed sex as a method to prevent getting AIDS. This is virtually unchanged from baseline. Age however was of some significance for this behavior. Twenty percent of those in the female 15-19 age group reported that they had delayed sex. This is up from 9% at baseline. Those reporting that they had restricted sex to one partner rose from 15% at baseline to 55% at the final, an increase of 40 percentage points. Among males in this age group, 34% reported delaying sex at final, while at baseline the number of males stating that they had delayed sex as a result of knowledge of the HIV/AIDS epidemic was 18.3% an increase of nearly 16 percentage points.

Thus there are several significant changes in behaviors that protect against HIV between baseline and final surveys. The practice of limiting oneself to a single partner has gone up markedly among women, while there is a 26 percentage point rise in males reporting that they reduced the number of partners they have. Among one of the project's major target groups, 15-19 year old females, those reporting that they had delayed sex 11 percentage points. These changes in behavior in the project area may be attributed, at least in part, to project interventions.

**Table 5.5.1 AIDS prevention behavior: women**

Percentage of women who made changes in their behavior after learning of AIDS, by background characteristics, PEAQ Balaka, 2003												
Back-ground Characteristics	No change in behavior	Number of women	<i>Type of behavior change</i>									
			Did not start sex	Stopped sexual relations	Began using condoms	Restricted sex to one partner	Reduced number of partners	Avoided prostitutes	Avoided homo-sexual contact	Avoided injections	Asked spouse/partner to be faithful	Number of women
<b>Age</b>												
15-19	13.0	69	20.0	13.3	16.7	55.0	5.0	1.7	0	15.0	13.3	60
20-24	4.5	157	2.0	14.0	13.3	72.0	2.7	3.3	0	12.7	16.0	150
25-29	3.7	108	2.9	11.5	11.5	77.9	0.0	0.0	0	17.3	30.8	104
30-34	10.1	79	2.8	22.5	8.5	64.8	1.4	4.2	0	21.1	21.1	71
35-39	8.2	85	0.0	19.2	6.4	65.4	0.0	2.6	0	17.9	19.2	78
40-44	10.5	38	0.0	17.6	2.9	70.6	0.0	2.9	0	8.8	32.4	34
45-49	12.2	41	0.0	25.0	0.0	72.2	0.0	0.0	0	11.1	19.4	36
<b>Current marital status</b>												
Never been married	14.6	41	40.0	22.9	20.0	14.3	8.6	2.9	0	5.7	0.0	35
Married	6.8	459	1.2	7.7	9.3	82.0	0.9	1.9	0	16.4	25.2	428
Divorced/ Separated/ Widowed	9.1	77	1.4	65.7	10.0	18.6	1.4	4.3	0	14.3	5.7	70
<b>Education Level</b>												
No education	12.5	144	0.8	17.5	7.9	72.2	0.8	2.4	0	14.3	24.6	126
Primary	6.5	370	3.8	15.3	11.3	69.7	1.4	1.7	0	16.5	20.8	346
Secondary and higher	3.2	63	9.8	19.7	8.2	60.7	3.3	4.9	0	11.5	14.8	61
<b>Total</b>	<b>7.6</b>	<b>577</b>	<b>3.8</b>	<b>16.3</b>	<b>10.1</b>	<b>69.2</b>	<b>1.5</b>	<b>2.3</b>	<b>0</b>	<b>15.4</b>	<b>21.0</b>	<b>533</b>

**Table 5.5.2 AIDS prevention behavior: men**

Percentage of men who made changes in their behavior after learning of AIDS, by background characteristics, PEAQ Balaka, 2003

<i>Type of behavior change</i>												
Back-ground Character- istics	No change in behavior	Number of men	Did not start sex	Stopped sexual relations	Began using con- doms	Restricted sex to one partner	Reduced number of partners	Avoided pros- titutes	Avoided homo - sexual contact	Avoided injec- tions	Asked spouse/ partner to be faithful	Number of men
<b>Age</b>												
15-19	9.0	100	34.1	17.6	29.7	24.2	2.2	5.5	0	1.1	5.5	91
20-24	3.8	132	3.1	10.2	29.9	59.1	5.5	15.0	0	0.8	11.8	127
25-29	6.6	106	7.1	4.0	27.3	63.6	12.1	15.2	0	5.1	12.1	99
30-34	6.6	76	2.8	1.4	21.1	57.7	5.6	25.4	0	8.5	14.1	71
35-39	4.3	94	3.3	2.2	18.9	73.3	8.9	23.3	0	7.8	16.7	90
40-44	7.0	43	2.5	0.0	12.5	67.5	5.0	12.5	0	7.5	32.5	40
45-49	8.6	35	9.4	3.1	9.4	71.9	6.3	12.5	0	3.1	21.9	32
50-54	9.7	62	5.4	3.6	0.0	75.0	8.9	16.1	0	7.1	16.1	56
<b>Current marital status</b>												
Never been married	7.6	157	24.8	15.9	39.3	24.1	3.4	8.3	0	1.4	6.9	145
Married	6.3	474	3.8	3.2	15.1	71.8	7.9	18.0	0	5.6	17.1	444
Divorced/ Separated/ Widowed	0.0	17	5.9	11.8	47.1	29.4	11.8	23.5	0	5.9	0.0	17
<b>Education Level</b>												
No education	13.2	76	7.6	4.5	7.6	65.2	9.1	15.2	0	4.5	18.2	66
Primary	5.1	451	8.4	5.8	21.3	60.5	7.5	18.0	0	4.2	13.8	428
Secon- dary and higher	7.6	119	11.8	10.0	31.8	50.9	3.6	8.2	0	6.4	13.6	110
<b>Total</b>	<b>6.5</b>	<b>648</b>	<b>8.9</b>	<b>6.4</b>	<b>21.8</b>	<b>59.2</b>	<b>6.9</b>	<b>15.8</b>	<b>0</b>	<b>4.6</b>	<b>14.2</b>	<b>606</b>

## Chapter 6

### 6 Conclusion

A wide variety of variables measuring knowledge practice and coverage have shown significant improvement since baseline.

#### Family Planning

- Ever use of family planning has risen significantly for both males and females.
- Current use of condoms among all men has almost doubled since the baseline survey although it still remains low.

#### Child Health

- Awareness of ARI has increased during the project. The percentage of mothers reporting ARI in the two weeks previous to the survey has doubled.
- The reported incidence of diarrhea among under six month olds has dropped significantly.
- Three quarters of mothers report preparing ORS, up from less than 50% at baseline.
- Although it is the tradition to start supplementary feeding very early in Malawi, significant changes have occurred during the project. At baseline nearly 63% of children under the age of 3 months were receiving supplementary feeds. At the time of the final the percentage of children in this age group receiving supplementary feeds had dropped to 25%.

#### Maternal Care

- The percentage of women giving birth at home has dropped from one third of women at baseline to one quarter at the time of the final survey. Births with TBAs have risen.
- The percentage of mothers in the district receiving antenatal care remains high.
- Ninety percent of mothers make at least two antenatal visits while 63% make more than three.

#### STI and HIV/AIDS

- Substantial increase in the awareness of STIs. Both males and females were able to identify sexually transmitted infections at improved rates over baseline.
- Increased willingness on the males and females to report having had an STI.
- Knowledge of the major modes of transmission for HIV remain high and have increased for mother to child transmission.
- Reports of changed behavior as a result of knowledge of HIV/AIDS remains high.

## **Annexes I**

1. Caretaker Questionnaire
2. Male Questionnaire
3. Household Questionnaire
4. Female Questionnaire

Ser. No. \_\_\_\_\_

# CARETAKER QUESTIONNAIRE

## BASELINE SURVEY FOR CS-15 (PEAQ) PROJECT BALAKA DISTRICT

IDENTIFICATION	
Name and Line Number of Caretaker:	_____
Name and Line Number of Child:	_____
ENUMERATION AREA:	_____
CLUSTER NUMBER:	_____
SURVEY HOUSEHOLD NUMBER:	_____
URBAN/RURAL (Urban=1, Rural=2):	_____
IDENTIFICATION NUMBER:	_____ (C#, SH#, LCT#)
HOUSE ADDRESS NUMBER:	_____

INTERVIEWER VISITS				
	1	2	3	Final Visit
DATE				
INTERVIEWER'S NAME				
RESULT*				
NEXT VISIT: DATE TIME				
<b>*RESULT CODES:</b> 1. COMPLETED 2. NO RESPONDENT AT HOME 3. POSTPONED 4. REFUSED 5. PARTLY COMPLETED 6. OTHER _____				

EDITING (OFFICE USE ONLY)			
	EDITED BY	CODED BY	DATA ENTRY BY
NAME			
DATE			





9. What is your tribe or ethnic group?

Chewa.....01  
Tumbuka.....02  
Lomwe.....03  
Tonga.....04  
Yao.....05  
Sena.....06  
Nkhonde.....10  
Ngoni.....11  
Mang'anja.....12  
Nyanja.....13  
Other\_\_\_\_\_77  
(specify)

10. What is your religion?

Muslim.....1  
Catholic.....2  
Protestant.....3  
Traditional religion.....4  
No religion.....5  
Jehova Witness.....6  
Baptist.....10  
African Assembly.....11  
Full Gospel.....12  
Other\_\_\_\_\_77  
(specify)

11. What is your marital status?

Never been married.....1  
Married.....2  
Divorced.....3  
Separated.....4  
Widowed.....5

**B. ANTENATAL AND DELIVERY**  
**(IF NOT THE BIOLOGICAL MOTHER, SKIP TO Q35)**

12. Whom did you see for antenatal care during last pregnancy with this child?

No-one.....1 -----> **SKIP TO Q19**  
Doctor/Clinical Officer/Medical Assistant.....2  
Nurse/midwife.....3  
Trained TBA.....4  
Untrained TBA.....5  
TBA but training status unknown.....6  
  
Other\_\_\_\_\_77  
(specify)

13. At what month during your pregnancy did you start attending antenatal clinic for check-up?

\_\_\_\_\_month

14. Do you have antenatal card? **(ASK TO SEE CARD)**

Yes, card seen.....1  
Yes, card not seen.....2  
No.....3 } → **SKIP TO Q16**

15. Using the antenatal card, record the following:

Number of antenatal visits \_\_\_\_\_  
Number of times SP was given \_\_\_\_\_  
Number of times Iron tablets were given \_\_\_\_\_ } → **SKIP TO 19**

16. How many antenatal visits did you have?

\_\_\_\_\_ visits

17. Were you given any malaria medicine (SP) during your pregnancy?

Yes.....1  
No.....2  
DK.....88

18. Were you given any blood medicine (Iron tablets) to take every day?

Yes.....1  
No.....2  
DK.....88

19. Do you have a TTV card?  
**(ASK TO SEE CARD)**

Yes, card seen.....1  
Yes, card not seen.....2  
No.....3

→ **SKIP TO Q21**

20. Using the TTV card, record the number of times TT injection(s) given:

\_\_\_\_\_ time(s) **SKIP TO Q23**

21. Were you given an injection in the arm to prevent the baby from getting tetanus?

Yes.....1  
No.....2  
DK.....88

→ **SKIP TO Q23**

22. How many times did you get this injection?

\_\_\_\_\_ times

23. Did you have “night blindness” during your pregnancy with this child?

Yes.....1  
No.....2  
DK.....8

→ **SKIP TO Q25**

24. At what month during your pregnancy did you first experience this?

\_\_\_\_\_ month

25. Where did you give birth?

Your home.....1  
Home of TBA.....2  
Health centre.....3  
District hospital.....4  
Private clinic.....5  
Way to clinic/hospital.....6  
Other.....77

(specify)

26. Who assisted your last delivery?

No-one.....01  
Doctor/Clinical Officer/Medical Assistant.....02  
Nurse/midwife.....03  
Trained TBA.....04  
Untrained TBA.....05  
TBA but training status unknown.....06  
Relative/friend.....10  
Other.....77  
(specify)

27. When did you receive a post-natal check-up from a trained provider after your last delivery?

\_\_\_\_\_Weeks  
Did not go for postnatal.....00  
DK.....88

**B. BREASTFEEDING & NUTRITION**  
**(If not the biological mother, SKIP TO Q35)**

28. Was (name of the child) born on time or prematurely?

Born on time.....1  
Born prematurely.....2  
Do not remember.....88

29. Have you ever breast-fed your last child?

Yes.....1  
No.....2  
DK.....88

→ **SKIP TO Q35**

30. When did you first put your child to the breast?

Before placenta was delivered.....00  
After placenta was delivered but less than 1 hour...44  
More than 1 hour but less than 6 hours.....55  
More than 6 hours but less than 24 hours.....66  
\_\_\_\_\_ days

31. For how many months did you breastfeed (name of the child)?

\_\_\_\_\_months

32. How long did you exclusively breastfeed (that is breastmilk only without any supplemental fluids such as water, porridge, local drink (thobwa), fruit juices) your baby after delivery?

Less than 1 month.....00

\_\_\_\_\_ (completed months)

Never exclusively breastfed.....02

DK.....88

→ **SKIP TO Q33**

33. Are you still breastfeeding your child?

Yes.....1

→ **SKIP TO Q35**

No.....2

34. Why did you stop breastfeeding your child at that time?

Baby not interested/refused.....01

Nipples sore.....02

Breast infection.....03

Illness/weakness in mother.....04

Illness/weakness in baby.....05

Mother working.....06

It was the right time to stop.....10

Insufficient milk.....11

Mother pregnant.....12

Other .....77

(specify)

DK.....88

35. From this time yesterday, including last night, did you give your child tea or other drinks?

Yes.....1

No.....2

36. From this time yesterday, including last night, did you give your child goat's milk or any other type of milk?

Yes.....1

No.....2

37. From this time yesterday, including last night, did you give your child semi-solid foods such as porridge or nsima?

Yes.....1

No.....2

38. From this time yesterday, including last night, did you give your child any solid food such as mashed potato or paw-paw?

Yes.....1

No.....2

39. From this time yesterday, including last night, did you give your child dark green leafy vegetables, such as sweet potato leaves or turnips?
- Yes.....1  
No.....2
40. From this time yesterday, including last night, did you give your child meat, eggs, or fish?
- Yes.....1  
No.....2
41. From this time yesterday, including last night, did you give your child groundnut's flour Or beans?
- Yes.....1  
No.....2
42. From this time yesterday, including last night, did you give food to your child added with sugar?
- Yes.....1  
No.....2
43. From this time yesterday, including last night, did you give food to your child added with margarine or cooking oil?
- Yes.....1  
No.....2
44. Are you adding iodized salt (local brand name) to your child's meals?
- Yes.....1  
No.....2  
DK.....88
45. Why did you add the extra fluid or food to the breastfeeding?
- Good health for the baby.....1  
Breastfeeding not enough.....2  
Has not started solids.....3  
Less breastmilk.....4  
DK.....88

46. What should the mother do during the baby's first four months of life to keep on breastfeeding? **(Multiple Answers Possible – ASK 'ANYTHING ELSE?')**

Breastfeed as soon as possible after delivery.....01  
Care of breasts, nipples.....02  
Frequent sucking to stimulate milk production.....03  
Exclusive breastfeeding during the first four months.....04  
Avoid bottle feeding of baby.....05  
Relactation (if had stop, mother resume breastfeeding again).....06  
Mother eating a balanced diet.....10  
Practising family planning.....11  
Other\_\_\_\_\_77  
(specify)  
DK.....88

47. When should a mother start giving fluids or foods to her child in addition to breastmilk?

Earlier than 4 months.....1  
Between 4 - 6 months.....2  
At 6 months.....3  
Later than 6 months.....4  
DK.....88

48. What foods contain vitamin A, a vitamin that helps prevent "night blindness"?  
**(MULTIPLE RESPONSES POSSIBLE)**

Green leafy vegetables.....1  
Yellow fruits.....2  
Meat.....3  
Fish.....4  
Breast milk.....5  
Eggs.....6  
Legumes.....10  
Porriadge.....11  
Soft drinks.....12  
Other\_\_\_\_\_77  
Do not know.....88



49. Does your child have a growth-monitoring card? (**ASK TO SEE CARD**)

Yes, card seen .....1

Yes, card not seen.....2

Lost card.....3

No.....4 -----> **SKIP TO Q51**

50. Has your child been weighed in the last 4 months? (**CHECK CARD IF AVAILABLE**)

Yes by card.....1

Yes by report.....2

No.....3

DK.....88

## **C. IMMUNISATION**

51. At what age should a child receive a measles vaccination?

\_\_\_\_\_ months

DK.....88

52a. How many tetanus toxoid injections does a pregnant woman need to protect her unborn child from tetanus?

\_\_\_\_\_ doses

DK.....88

52b. How many tetanus toxoid injections does a woman need for her whole life to be fully-protected?

\_\_\_\_\_ doses

DK.....88

53. Look at the growth monitoring card and record the dates of all immunisations in the space below:

(IF NO CARD -----> SKIP TO Q55)

	dd / mm / yy
a. BCG.....	____/____/____
b. OPV1.....	____/____/____
c. OPV2.....	____/____/____
d. OPV3.....	____/____/____
e. DPT1.....	____/____/____
f. DPT2.....	____/____/____
g. DPT3.....	____/____/____
h. Measles.....	____/____/____

**AFTER RECORDING,**

**SKIP TO 56**

54. Did your child ever receive any vaccinations to prevent him/her from getting diseases?

Yes.....	1
No.....	2
DK.....	8

**SKIP TO Q56**

55. Please tell me if your child received any of the following vaccinations:

- a. BCG, an injection against TB which is administered on the right upper arm?

Yes.....	1
No.....	2
DK.....	88

- b. Polio, vaccine given in drops through the mouth?

Yes.....1      Number of times given: \_\_\_\_  
No.....2  
DK.....88

- c. DPT injection which is usually given at the same time as polio vaccine and administered on the thigh?

Yes.....1      Number of times:\_\_\_\_\_  
No.....2  
DK.....88

- d. Measles injection?

Yes.....1 —————▶**SKIP TO Q57**  
No.....2  
DK.....88 —————▶**SKIP TO Q57**

56. **IF MORE THAN 12 MONTHS OLD AND HAS NOT RECEIVED A MEASLES VACCINE, WHY? (MULTIPLE RESPONSES POSSIBLE)**

Unaware of need for vaccination.....A  
Unaware of need to return for all required doses.....B  
Place or time of immunisation unknown.....C  
Fear of side effects.....D  
Wrong ideas about contraindications.....E  
Intention to get immunisation at some future date.....F  
Do not believe immunisation works.....G  
Place of immunisation too far.....H  
Time of immunisation not convenient.....I  
Vaccinator absent.....J  
Vaccine not available.....K  
Mother too busy.....L  
Family problem.....M  
Child ill.....N  
Child brought but not given because child ill.....O  
Long waiting time.....P  
Other \_\_\_\_\_ R  
(specify)  
DK.....Z

57. Has your child ever been given vitamin A capsule like this (**Show woman a sample of**

**vitamin A capsule)?**

Yes by card.....1      Age last given: \_\_\_\_\_ weeks      \_\_\_\_\_ months  
Yes by report.....2      Age last given: \_\_\_\_\_ weeks      \_\_\_\_\_ months  
No.....3  
DK.....88

**D. DIARRHEA**

58. Has your child had diarrhea in the last two weeks?

Yes.....1  
No.....2  
Do not know.....88

→ **SKIP TO Q67**

59. During the diarrhea episode did you breastfeed your child?  
**(Read the choices to the mother, only one response must be selected)**

More than usual.....1  
Same as usual.....2  
Less than usual.....3  
Stopped completely.....4  
Not breastfeeding.....5

60. During the diarrhea episode did you provide your child with fluids in addition to breast milk? **(Read the choices to the mother, only one response must be selected)**

More than usual.....1  
Same as usual.....2  
Less than usual.....3  
Stopped completely.....4  
Exclusive breastfeeding.....5

61. During the diarrhea episode, did you provide your child with solid/semi-solid foods?  
**(Read the choices to the mother, only one response must be selected)**

More than usual.....1  
Same as usual.....2  
Less than usual.....3  
Stopped completely.....4  
Exclusive breastfeeding.....5

62. During the diarrhea episode, did you or anyone give your child any ORS packets?

Yes.....1  
No.....2  
Do not know.....88

63. During the diarrhea episode, did you or anyone give your child home-made drink (thobwa) or sugar-salt solution?

Yes.....1  
No.....2  
Do not know.....88

64. During the diarrhea episode, was your child given intravenous fluids?

Yes.....1  
No.....2  
Do not know.....88

64. During the diarrhea episode, did you or anyone give your child anti-diarrhea medicine or antibiotics?

Yes.....1  
No.....2  
Do not know.....88

66. During the diarrhea episode, did you or anyone give your child any herbal medicines?

Yes.....1  
No.....2  
Do not know.....88

67. Have you heard of a special product called ORS packets which are used in preparing fluid for the treatment of diarrhea?

Yes.....1  
No.....2 → **SKIP TO Q72**

68. Have you EVER prepared a solution with one of these packets to treat diarrhea?

Yes.....1  
No.....2

69. How many coke bottles containing water is used in preparing one packet of ORS?

1 coke bottle.....1  
2 coke bottles.....2  
3 coke bottles.....3  
4 coke bottles.....4  
Other.....77

(specify)

---

DK.....88

70. Where did you learn to prepare the ORS? **(Multiple Responses Possible)**

District hospital.....01  
Health centre.....02  
Outreach clinic.....03  
DRF.....04  
BLM.....05  
Private clinic.....06  
TBA.....10  
Grocery/Pharmacy.....11  
Friends/relatives.....12  
Radio.....13  
Other\_\_\_\_\_77  
(specify)  
DK.....88

71. Where can you get the ORS packets? **(Multiple Responses Possible)**

District hospital.....01  
Health centre.....02  
Outreach clinic.....03  
DRF.....04  
BLM.....05  
Private clinic.....06  
TBA.....10  
Grocery/Pharmacy.....11  
Friends/relatives.....12  
Other\_\_\_\_\_77  
(specify)  
DK.....88

72. What signs or symptoms would cause you to seek advice or treatment from a Health Centre if your child develops diarrhea? **(Unprompted; Multiple Response)**

Vomiting.....01

Fever.....	02
Dry mouth.....	03
Sunken eyes.....	04
Decreased urine.....	05
Loss of skin turgor.....	06
Prolonged diarrhea.....	10 (How long? ____ days)
Blood in stool.....	11
Loss of appetite.....	12
Weakness or tiredness.....	13
No improvement in 2 days....	14
Other.....	77
(specify)	
DK.....	88

73. What are the important actions a mother should take when a child is recovering from diarrhea?
- |                                                  |    |
|--------------------------------------------------|----|
| Give the child smaller, more frequent feeds..... | 2  |
| Give more foods than usual.....                  | 3  |
| Give foods high in calories or energy.....       | 4  |
| Other; specify.....                              | 77 |
| DK.....                                          | 88 |

## E. MALARIA

74. During the last two weeks, has your child been suffering from fever?

Yes.....	1
No.....	2
Do not remember.....	88

→ **SKIP TO Q82**

75. When the child had fever, did you seek any treatment outside the home?

Yes.....	1
No.....	2
Do not remember.....	88

→ **SKIP TO Q78**

76. Where did you go for treatment the first time?

District hospital.....	01
Health centre.....	02
Outreach clinic.....	03
DRF.....	04
BLM.....	05
Private clinic.....	06
TBA.....	10
Grocery/Pharmacy.....	11
Friends/relatives.....	12

Self.....13  
Traditional healer.....14  
  
Other\_\_\_\_\_77  
(specify)

77. After you noticed the fever, how soon did you seek treatment outside the home?

Less than one day ("since this time yesterday").....1  
Between one day and two days.....2 → **SKIP TO Q79a**  
More than two days.....3  
DK.....88 → **Continue Q78**

78. Did he/she receive any treatment for the fever?

Yes.....1  
No.....2  
Do not remember.....88 → **SKIP TO Q81**

79a. What treatment was he/she given for the fever?  
**(Multiple Responses Possible)**

Paracetamol (Panadol).....01  
Aspirin.....(Norolon).....02  
Chloroquine.....03  
Fansidar (SP).....04  
Herbs.....05  
Quinine.....06  
Oral penicillin.....10  
Nothing.....11

Other\_\_\_\_\_77  
(specify)  
DK.....88

79b. How long did it take for the child to receive treatment?

Same day after fever developed.....1  
A day after fever developed.....2  
Two or more days after fever developed.....3  
DK.....88

80. For how many days did you give the medicine to your child?

\_\_\_\_\_ days



---

DK.....88

81. How can someone get malaria?

Mosquito bite.....1  
Blood transfusion.....2  
Sex with infected partner.....3  
Contaminated food or water.....4  
Harmful spirits.....5  
Hard working.....6  
Coldness.....10  
Other.....77  
(specify)  
Do not know.....88

82. How can one prevent himself/herself from getting malaria?  
**(Unprompted; Multiple Responses)**

Can not prevent.....01  
Sleep under a bednet.....02  
Spray insecticide.....03  
Use traditional medicine.....04  
Take daily or weekly malaria medicine.....05  
Prevent the breeding of mosquitoes.....06  
Burn mosquito coils.....10  
Burn leaves or herbs.....11  
Burn or spread animal dung.....12  
Burn a fire in the house.....13  
Gauze wire.....14  
Other.....77  
(specify)  
DK.....88

83. How would you recognize that someone has severe malaria?  
**(Unprompted; Multiple Responses)**

Drowsiness or loss of consciousness.....1  
Convulsions.....2  
“Low blood” or paleness.....3  
High fever.....4  
Unable to eat or drink.....5  
Other.....77  
(specify)  
DK.....88

**F. ARI**

84. Has your child had any of the following symptoms/signs during the last two weeks?

	Y	N	DK
a. Cough	1	2	8
b. Fast breathing	1	2	8
c. Difficult breathing	1	2	8
d. Blocked or runny nose	1	2	8

**IF NO FAST OR DIFFICULT  
BREATHING ---> SKIP TO Q87**

85. When your child had fast or difficult breathing, was it due to illness in the chest or by a blocked, stuffy nose or by both?

Chest.....1  
Nose.....2  
Both Chest and Nose.....3  
DK.....88

86. When your child had fast or difficult breathing, did you seek care outside the home?

Yes.....1  
No.....2 —————> **SKIP TO Q88**

87. Where did you go for treatment for the first time?

District hospital.....01  
Health centre.....02  
Outreach clinic.....03  
DRF.....04  
BLM.....05  
Private clinic.....06  
TBA.....10  
Grocery/Pharmacy.....11  
Friends/relatives.....12  
Self.....13  
Traditional healer.....14  
Other\_\_\_\_\_77

Specify

88. What are the signs or symptoms of respiratory infection that would make you seek help from a health facility (hospital)? **(Multiple Responses Possible)**

Fast or difficult breathing.....1  
Chest indrawing.....2  
Loss of appetite.....3

Fever.....4  
Cough.....5  
  
Other\_\_\_\_\_77  
          (specify)  
DK.....88

**G. WEIGHT**

**90. WEIGHT OF THE CHILD (CHILDREN) - WEIGH THEM**

\_\_\_\_\_ kilograms (to nearest 0.1 kg)

**THANK CARETAKER FOR TIME AND INTEREST**

---

**INTERVIEWER'S OBSERVATIONS**  
(To be filled in after completing interview)

Comments about respondent: \_\_\_\_\_

---

---

---

---

---

---

Comments on specific questions:

---

---

---

---

---

---

---

**SUPERVISOR'S OBSERVATIONS**

---

---

---

---

---

Name of supervisor \_\_\_\_\_ Date \_\_\_\_\_

**EDITOR'S OBSERVATIONS**

---

---

---

---

---

---

---

Name of editor \_\_\_\_\_ Date \_\_\_\_\_

Ser. No. \_\_\_\_\_

# MALE QUESTIONNAIRE

## BASELINE SURVEY FOR CS-15 (PEAQ) PROJECT BALAKA DISTRICT

IDENTIFICATION	
Name & Line Number of Eligible Male: _____	
ENUMERATION AREA: _____	
CLUSTER NUMBER:	_____
SURVEY HOUSEHOLD NUMBER:	_____
URBAN/RURAL (Urban =1, Rural =2):	_____
IDENTIFICATION NUMBER:	_____ (C# , SH#, L#)
HOUSE ADDRESS NUMBER:	_____

INTERVIEWER VISITS				
	1	2	3	Final Visit
DATE				
INTERVIEWER'S NAME				
RESULT*				
NEXT VISIT: DATE TIME				

\*RESULT CODES:

1. COMPLETED
2. NO RESPONDENT AT HOME
3. POSTPONED
4. REFUSED
5. PARTLY COMPLETED

6. OTHER \_\_\_\_\_ (Specify)

EDITING (OFFICE USE ONLY)			
	EDITED BY	CODED BY	DATA ENTRY BY
NAME			
DATE			

**Introductory statement to respondent:**

**A. BACKGROUND**

1. How old were you at your last birthday?  
\_\_\_\_\_years

2. What is the highest level of school you attended?

Never been to school .....1 -----> **SKIP TO Q4a**

Primary school .....2

Secondary school .....3

Higher.....4  
(specify)

3. What standard or form did you complete at that level?  
\_\_\_\_\_

4a. What is your tribe or ethnic group?

Chewa.....1

Tumbuka.....2

Lomwe.....3

Tonga.....4

Yao.....5

Sena.....6

Nkhonde.....10

Ngoni.....11

Nyanja.....12

Mang'anja.....13

Other\_\_\_\_\_77  
(specify)

4b. What is your religion?

Muslim.....1

Catholic.....2

Protestant.....3

Traditional religion.....4

No religion.....5

Other\_\_\_\_\_77  
(specify)

5. What is your marital status?

Never been married.....1 -----> **SKIP TO Q8**  
Married.....2  
Divorced.....3  
Separated.....4  
Widowed.....5

6. How old were you when you first married?

\_\_\_\_\_ years

7a. Does your husband have other wives besides you?

Yes.....1  
No.....2 ☐ → **SKIP TO Q8**  
DK.....88 ☐

7b. How many other wives does he have?

\_\_\_\_\_ (number)

## **B. REPRODUCTION**

8. How many children (biological children only, both boys and girls) do you have?

\_\_\_\_\_ (number)

Never given birth.....00 -----> **SKIP TO Q16**

9. How old were you when you had your first child?

\_\_\_\_\_ years

10. Have you ever given birth to a son or daughter who was born alive but later died?  
**(PROBE: ANY BABY WHO CRIED OR SHOWED SIGNS OF LIFE BUT SURVIVED ONLY A FEW HOURS OR DAYS)**

Yes.....1  
No.....2 -----> **SKIP TO Q13**

11. How many of your children have died?

\_\_\_\_\_ (Number)

12a. Is your last child living?

Yes.....1 ----->**SKIP TO Q13**

No.....2

**IF THE LAST CHILD IS DEAD RECORD:**

12b. Year of death\_\_\_\_\_

12c. Cause of death (CIRCLE ONE):

Measles.....1

Tetanus.....2

Fever with rapid or difficult breathing.....3

Fever with convulsions.....4

Burns/Accident.....5

Diarrhea.....6

Other\_\_\_\_\_7 7

(specify)

DK.....88

13. What is the age of your last child?

**(IF CHILD IS DEAD ASK FOR WEEKS/MONTHS/AGE AT TIME OF DEATH  
AND**

**INDICATE IF THE CHILD IS ALIVE OR DEAD)**

\_\_\_\_\_ weeks

\_\_\_\_\_ months

\_\_\_\_\_ years

**C. FAMILY PLANNING**

14. When you were expecting your last child, did you want to have the child then, did you want to wait until later or did you not want to have any more children at all?

Then.....1

Later.....2

Not at all.....3

NA.....4



15. If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?

\_\_\_\_\_ (number)

DK.....88

16. What is the best number of months or years between the birth of one child and the birth of the next child?

\_\_\_\_\_ years \_\_\_\_\_ months

Less than one year.....66

DK.....88

17. Is it important to space your children?

Yes.....1

No.....2

DK.....88

18. What are the advantages of child spacing?

**(RECORD ALL RESPONSES GIVEN BY RESPONDENT)**

Good health for child.....1

Good health for mother.....2

Less economic pressure on parents.....3

Better career development for child.....4

No need for childspacing.....5

Other\_\_\_\_\_77

(specify)

DK.....88

19. What are the disadvantages of child spacing?

**(RECORD ALL RESPONSES GIVEN BY RESPONDENT)**

.....1

.....2

.....3

.....4

.....5

Other\_\_\_\_\_77

(specify)

DK.....88

- 20a. Do you approve or disapprove of couples using a method of contraception to avoid getting pregnant?

Approve.....1  
Disapprove.....2  
DK.....88

- 20b. How many times have you discussed with your husband or your boyfriend, family planning.

Never.....1  
\_\_\_\_\_Number

21. Have you ever used anything or tried in any way to delay or avoid getting pregnant?

Yes.....1  
No.....2 -----> **SKIP TO Q24**  
Never had sex.....3 -----> **SKIP TO Q29**

22. What have you used or done? (**RECORD ALL RESPONSES; PROBE BY ASKING RESPONDENT ABOUT EACH METHOD**)

Pill.....01  
IUCD.....02  
Injections.....03  
Foam/Jelly.....04  
Condom.....05  
Female sterilization.....10  
Male sterilization.....11  
Natural method.....12  
Withdrawal.....13  
Herbs.....14  
Abstinence.....15  
Exclusive breast feeding.....16  
Other\_\_\_\_\_77  
(specify)

23. How many children did you have when you first used a method?

\_\_\_\_\_ (Number)

24. Are you currently doing something or using any method to delay or avoid getting pregnant?

Yes.....1 -----> **SKIP TO Q26**  
No.....2 -----> **SKIP TO Q29**

---

Currently pregnant.....3

25. How many months pregnant are you?

\_\_\_\_\_months -----> **SKIP TO Q29**

26. Which method are you using? **(MULTIPLE RESPONSES POSSIBLE)**

Pill.....01

IUCD.....02

Injections.....03

Foam/Jelly.....04

Condom.....05

Female sterilization.....10

Male sterilization.....11

Natural method.....12

Withdrawal.....13

Herbs.....14

Exclusive breast feeding.....15

Abstinence.....16

Other\_\_\_\_\_77

(specify)

27. Where do you usually get this method?

District hospital.....01

Health centre.....02

Outreach clinic.....03

CBDA.....04

BLM.....05

Private clinic.....10

TBA.....11

Grocery/Pharmacy.....12

Friends/relatives.....13

Other\_\_\_\_\_77

(specify)

28a. Is it easy or difficult to get to the place where you get your method?

Easy.....1

Difficult.....2 **(Give Reasons)**

Reason why it is difficult:

---

---

---

28b. How far are you from your family planning supplies?

Less than 10 km.....	1	} → <b>SKIP TO Q33</b>
More than 10 km.....	2	
DK.....	88	

29. Do you intend to use a method to delay or avoid pregnancy at any time in the future?

Yes.....	1	-----> <b>SKIP TO Q31</b>
No.....	2	
Not sure.....	3	-----> <b>SKIP TO Q31</b>

30. What is the single main reason you do not intend to use a method?

Wants children.....	01
Lack of knowledge.....	02
Partner opposed.....	03
Other relatives opposed.....	04
Side effects.....	05
Health concerns.....	10
Source too far away.....	11
Methods are unavailable.....	12
Opposed to family planning.....	13
Fatalistic/God's will.....	14
Costs too much.....	15
Infrequent sex.....	16
Can not get pregnant.....	17
Menopausal/had hysterectomy.....	18
Inconvenient.....	19
Not married.....	20
Negative provider attitude.....	21
Other.....	77
(specify)	

31. Do you know of a place where you can obtain a method of childspacing?

Yes.....	1
No.....	2

#### **D. STIs**

32. Have you heard about diseases that can be transmitted through sex?

Yes.....1

No.....2 -----> **SKIP TO Q36**

33. Which diseases do you know? (**RECORD ALL RESPONSES; PROBE BY ASKING RESPONDENT ABOUT EACH DISEASE**)

Syphilis/Chancroid.....A

Gonorrhea.....B

AIDS/HIV infection.....C

Genital warts.....D

Trichomoniasis.....E

Buboes .....F

Other\_\_\_\_\_W

(specify)

Other\_\_\_\_\_X

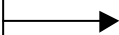
(specify)

Don't know.....Z

34. Now I would like to ask you some questions about your health in the past 12 months. During the past 12 months, did you have any of the above diseases?

Yes.....1

No.....2

Don't know..... 88  **SKIP TO Q36**

35. Which of the diseases did you have?

Syphilis.....A

Gonorrhea.....B

AIDS/HIV infection.....C

Genital warts.....D

Trichomoniasis.....E

Buboes .....G

Other\_\_\_\_\_W

(specify)

Other\_\_\_\_\_X

(specify)

Don't know.....Z

36. During the past 12 months, have you had an abnormal vaginal discharge?
- Yes.....1  
No.....2  
Do not remember.....88
37. During the past 12 months, have you had any itching or irritation in your vulva area?
- Yes.....1  
No.....2  
Do not remember.....88
38. During the last 12 months, have you had a sore in your vulva area?
- Yes.....1  
No.....2  
Do not remember.....88
39. During the past 12 months, have you had severe lower abdominal pain with fever not related to menstruation?
- Yes.....1  
No.....2  
Do not remember.....88
40. During the past 12 months, have you had pain or burning while urinating?
- Yes.....1  
No.....2  
Do not remember.....88

**IF RESPONDENT ANSWERED “YES” TO ANY OF THESE QUESTIONS 34, 36, 37, 38, 39 or 40 THEN ASK Q41, ELSE SKIP TO Q46)**

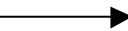
41. The last time you had (**NAME of DISEASE OR SYMPTOM**), did you seek treatment?
- Yes.....1  
No.....2 -----> **SKIP TO Q43**
42. Where did you seek treatment?
- District hospital.....01  
Health centre.....02

Outreach clinic.....03  
BLM.....04  
Private clinic.....05  
Traditional healer.....10  
Grocery/Pharmacy.....11  
Friends/relatives.....12  
Other\_\_\_\_\_77  
(specify)

43. When you had (**NAME of DISEASE OR SYMPTOM**), did you inform your partner?

Yes.....1  
No.....2

44. When you had (**NAME of DISEASE OR SYMPTOM**), did you do something not to infect your partner(s)?

Yes.....1  
No.....2  
Partner already infected.....3  **SKIP TO Q46**

45. What did you do?

No sexual intercourse.....1  
Used condoms.....2  
Took medicines.....3  
Other \_\_\_\_\_77  
(specify)

46. We may already have talked about this. Have you ever heard of an illness called AIDS?

Yes.....1  
No.....2 -----> **SKIP TO Q60**

47. Which is your single main source of information on HIV/AIDS?

Never heard of HIV/AIDS.....01  
Radio.....02  
Newspaper.....03  
Health worker.....04  
Mosque.....05  
Church.....10  
School.....11  
Adult community group.....12  
Youth community group.....13  
Community meetings.....14

---

Friends/relatives.....15  
 Posters/booklets/pamphlets.....16  
 None.....17  
 Other\_\_\_\_\_77  
                   (specify)

48. Is HIV/AIDS transmitted through.....

a. shaking hands?	Yes....1	No....2	DK....88
b. kissing?	Yes....1	No....2	DK....88
c. sexual intercourse?	Yes....1	No....2	DK....88
d. sharing cooking utensils?	Yes....1	No....2	DK....88
e. mother to child during preg/del?	Yes....1	No....2	DK....88
f. mother to child in breast milk?	Yes....1	No....2	DK....88
g. mosquito bites?	Yes....1	No....2	DK....88
h. blood transfusion?	Yes....1	No....2	DK....88
i. needles/blades/skin punctures?	Yes....1	No....2	DK....88

49. Can a person protect himself/herself from getting HIV/AIDS?

Yes.....1  
 No.....2  
 DK.....8

☐ → **SKIP TO Q51**

50. What can a person do? **(MULTIPLE ANSWERS. PROBE BY ASKING “ANY OTHER WAYS?”)**

Do not have sex at all.....01  
 Limit number of sexual partners.....02  
 Stay in a mutually monogamous relationship.....03  
 Always use condoms during sex.....04  
 Use new or sterilized syringes or needles.....05  
 Avoid prostitutes.....06  
 Other1\_\_\_\_\_77  
                   (specify)  
 Other2\_\_\_\_\_77  
                   (specify)  
 DK.....88



51. Is it possible for a healthy-looking person to have the AIDS virus?

Yes.....1  
No.....2  
DK.....88

52. Can AIDS be cured?

Yes.....1  
No.....2  
DK.....88

53. Do you personally know someone who has AIDS or has died of AIDS?

Yes.....1  
No.....2  
DK.....88

54. Do you think your chances of getting HIV/AIDS are small, moderate, great or no risk at all?

Small.....1  
Moderate.....2 ☐ → **SKIP TO Q56**  
Great.....3 ☐  
No risk at all.....4  
Already infected.....5 ☐ → **SKIP TO Q60**  
Do not know.....8 ☐

55. Why do you think that you have no risk/a small risk of getting HIV/AIDS?  
**(RECORD ALL RESPONSES; PROBE BY ASKING “ANY OTHER REASON?”)**

Do not have sex.....1  
Always use condoms.....2  
In a mutually monogamous relationship.....3  
Have limited number of sex partners.....4  
Have no blood transfusions and may never have it.....5  
No injections or always use new or sterilized needle/blades.....6  
Other\_\_\_\_\_77  
(specify)

56. Why do you think you have a moderate or great chance of getting HIV/AIDS?  
**(RECORD ALL RESPONSES; PROBE BY ASKING “ANY OTHER REASON?”)**

Do not always use condoms.....1  
Have more than one sex partner.....2  
Spouse has other sex partners.....3  
Received blood transfusion or likely to receive it.....4  
Use of unsterilised needles/blades.....5  
Spouse/sex partner has HIV/AIDS or died of it.....6  
Other\_\_\_\_\_77  
(specify)

57. Since you heard of AIDS, have you changed your behavior to prevent getting AIDS?

Yes.....1  
No.....2 -----> **SKIP TO Q59**

58. What did you do?  
**(RECORD ALL RESPONSES; PROBE BY ASKING “ANY OTHER REASON?”)**

Didn't start sex.....01  
Stopped all sex.....02  
Started using condoms.....03  
Restricted sex to one partner.....04  
Reduced number of partners.....05  
Avoid sex with prostitutes.....06  
No more homosexual contacts.....10  
Stopped injections.....11  
Asked spouse to be faithful.....12  
No change in sexual behavior.....13  
Other\_\_\_\_\_77  
(specify)  
Other\_\_\_\_\_77  
(specify)

59. How has your knowledge of AIDS influenced or changed your decisions about having sex or your sexual behavior?

Didn't start sex.....01  
Stopped all sex.....02  
Started using condoms.....03  
Restricted sex to one partner.....04  
Reduced number of partners.....05  
Avoid sex with prostitutes.....06  
No more homosexual contacts.....10  
Stopped injections.....11  
Asked spouse to be faithful.....12

---

No change in sexual behavior.....13

Other\_\_\_\_\_77  
(specify)

Other\_\_\_\_\_77  
(specify)

60. Have you ever heard of people using condoms to avoid getting AIDS or other sexually transmitted diseases such as gonorrhoea during sexual intercourse?

Yes.....1

No.....2

DK.....88

61. We may already have talked about this. Have you ever used a condom during sex to avoid getting or transmitting diseases, such as AIDS?

Yes.....1

No.....2

Never had sex.....3 -----> **NEVER HAD SEX = "999"** -----> **SKIP TO END**

62. Have you had sex with a non-regular partner in the last 12 months? By non-regular partner I mean a person whom you do not see on regular basis.

Yes.....1

No.....2 -----> **SKIP TO Q64**

63. Did you use a condom the last time you had sex with your non-regular partner?

Yes.....1

No.....2

Do not remember.....88

64. How old were you when you first had sexual intercourse?

\_\_\_\_\_years

65. Have you given or received money, gifts, or favors in return for sex at any time in the last 12 months?

Yes.....1

---

No.....2

Do not remember.....88

**THANK RESPONDENT FOR HER TIME AND COOPERATION**

**INTERVIEWER'S OBSERVATIONS**  
**(To be filled in after completing interview)**

Comments about respondent:

---

---

---

---

---

---

---

Comments on specific  
questions:

---

---

---

---

---

---

---

**SUPERVISOR'S OBSERVATIONS**

---

---

---

---

---

Name of supervisor \_\_\_\_\_ Date \_\_\_\_\_

**EDITOR'S OBSERVATIONS**

---

---

---

---

---

---

---

Name of editor \_\_\_\_\_ Date \_\_\_\_\_

Ser. No. \_\_\_\_\_

# HOUSEHOLD QUESTIONNAIRE

## BASELINE SURVEY FOR CS-15 (PEAQ) PROJECT BALAKA DISTRICT

IDENTIFICATION	
NAME OF RESPONDENT:	_____
ENUMERATION AREA:	_____
CLUSTER NUMBER:	____ _
SURVEY HOUSEHOLD NUMBER:	____ _
URBAN/RURAL (Urban =1, Rural =2):	____
IDENTIFICATION NUMBER:	____ _ (Cluster # & Survey Household #)
HOUSE ADDRESS NUMBER:	____ _

INTERVIEWER VISITS				
	1	2	3	Final Visit
DATE				
INTERVIEWER'S NAME				
RESULT*				
NEXT VISIT: DATE TIME				

\*RESULT CODES:

1. COMPLETED
2. NO RESPONDENT AT HOME
3. POSTPONED
4. REFUSED
5. PARTLY COMPLETED
6. OTHER \_\_\_\_\_ (Specify)

EDITING (OFFICE USE ONLY)			
	EDITED BY	CODED BY	DATA ENTRY BY
NAME			
DATE			

**Introductory statement to respondent:**

**A. ELIGIBLE RESIDENTS**

**PLEASE GIVE ME THE NAMES OF THE PERSONS WHO USUALLY LIVE IN YOUR HOUSEHOLD.**

Line No.	Name	Sex	Age in completed years	Ask if children 0- 2 years of age				Eligible: Circle Line No.		
				Natural father alive?	Natural mother alive?	Mother Live here? Line No.	Care-taker's Line No.	F 15-49	M 15-54	C 0-2
1		M F 1 2		Y N DK 1 2 3	Y N DK 1 2 3			1	1	1
2		1 2		1 2 3	1 2 3			2	2	2
3		1 2		1 2 3	1 2 3			3	3	3
4		1 2		1 2 3	1 2 3			4	4	4
5		1 2		1 2 3	1 2 3			5	5	5
6		1 2		1 2 3	1 2 3			6	6	6
7		1 2		1 2 3	1 2 3			7	7	7
8		1 2		1 2 3	1 2 3			8	8	8
9		1 2		1 2 3	1 2 3			9	9	9
10		1 2		1 2 3	1 2 3			10	10	10
11		1 2		1 2 3	1 2 3			11	11	11
12		1 2		1 2 3	1 2 3			12	12	12
13		1 2		1 2 3	1 2 3			13	13	13
14		1 2		1 2 3	1 2 3			14	14	14
15		1 2		1 2 3	1 2 3			15	15	15

---

**B. WATER AND SANITATION**

1. What is your main source of drinking water?

- Borehole water.....1  
Piped water.....2  
Unprotected shallow well water.....3  
Protected shallow well water.....4  
Surface water (river, stream or lake).....5  
Rainwater.....6  
Other \_\_\_\_\_ 7
- (specify)
- **SKIP TO Q3**

2. Has your borehole been functioning for the past two weeks?

- Yes.....1  
No.....2

3. How far is your water source from your house?

\_\_\_\_\_ kms

Within the house.....000

4. How long does it take you to get there, get the water, and come back home  
(**assuming you do not have to wait for your turn at the water source**)?

\_\_\_\_\_ minutes

5. What kind of toilet facility do you have?

- Flush toilet.....1  
Traditional pit latrine without sanplats.....2  
Traditional pit latrine with sanplats.....3  
Ventilated pit latrine without sanplats.....4  
Ventilated pit latrine with sanplats.....5  
No toilet facility.....6
- **SKIP TO Q7**

6. Where do you go when you want to attend to nature?

- Bush.....1  
Stream/River/Lake.....2  
Others \_\_\_\_\_ 3
- **SKIP TO Q8**



---

7. Is it your own or do you share it with another household?

Own.....1  
Share with another family.....2

8. Does your household have electricity?

Yes.....1  
No.....2  
DK.....8

9. Does your household have a radio?

Yes.....1  
No.....2  
DK.....8

10. Does your household have a paraffin lamp?

Yes.....1  
No.....2  
DK.....8

11. Does any member of your household own a bicycle?

Yes.....1  
No.....2  
DK.....8

12. Does any member of your household own a motorcycle?

Yes.....1  
No.....2  
DK.....8

13. Does any member of your household own a sewing machine?

Yes.....1  
No.....2  
DK.....8

14. Does any member of your household own a car?

Yes.....1

- 
- No.....2  
DK.....8
15. How many rooms in all of the dwelling units of this household are used for sleeping?

\_\_\_ (number)

### C. MALARIA PREVENTION

16. How is malaria caused?
- Mosquito bites.....1  
Rainfall.....2  
Eating sugarcane.....3  
Over working.....4  
Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (specify)

17. Have you or any other member of this household ever bought mosquito coils to keep mosquitoes away at night?

Yes.....1  
No.....2  
DK.....8

18. Have you or any other member of this household ever bought any sprays such as "DOOM" for killing mosquitoes?

Yes.....1  
No.....2  
DK.....8

19. Does your household have a mosquito net?

Yes.....1  
No.....2 -----> **SKIP TO Q22**

20. How many mosquito nets do you have in this household?

\_\_\_\_\_ (number)

21. Who sleeps under the mosquito net?

All household members.....1  
Children under 5 (specify number \_\_\_\_\_) .....2  
Head of the household only .....3  
Wife only.....4  
Head of the household and wife .....5  
Others \_\_\_\_\_  
\_\_\_\_\_

(specify)

22. Have you or any member of this household purchased a mosquito bed net in the last 12 months?

Yes.....1  
No.....2  
DK.....8

#### **D. HOME-BASED CARE**

23. Have you ever heard of “Home-Based Care”? Home-based Care refers to family members being trained by health workers to take care of other family members who are chronically ill.

Yes.....1  
No.....2  
DK.....8

24. Is anyone providing Home-Based Care services to or in this household?

Yes.....1  
No.....2  
DK.....8

25. Is anyone in this household suffering from HIV/AIDS?

Yes.....1  
No.....2  
DK.....8

---

**THANK RESPONDENT FOR HIS/HER TIME AND  
COOPERATION**

**INTERVIEWER'S OBSERVATIONS**  
**(To be filled in after completing interview)**

Comments about respondent:

---

---

---

---

---

---

---

Comments on specific questions:

---

---

---

---

---

---

---

**SUPERVISOR'S OBSERVATIONS**

---

---

---

---

---

Name of supervisor \_\_\_\_\_ Date \_\_\_\_\_

**EDITOR'S OBSERVATIONS**

---

---

---

---

---

---

---

---

Name of editor \_\_\_\_\_

Date\_\_\_\_\_

Ser. No. \_\_\_\_\_

# FEMALE QUESTIONNAIRE

## BASELINE SURVEY FOR CS-15 (PEAQ) PROJECT BALAKA DISTRICT

IDENTIFICATION	
Name & Line Number of Eligible Female: _____ _____	
ENUMERATION AREA: _____	
CLUSTER NUMBER:	_____
SURVEY HOUSEHOLD NUMBER:	_____
URBAN/RURAL (Urban =1, Rural =2):	_____
IDENTIFICATION NUMBER:	_____ (C# , SH#, L#)
HOUSE ADDRESS NUMBER:	_____

INTERVIEWER VISITS				
	1	2	3	Final Visit
DATE				
INTERVIEWER'S NAME				
RESULT*				
NEXT VISIT: DATE TIME				

\*RESULT CODES:

1. COMPLETED
2. NO RESPONDENT AT HOME
3. POSTPONED
4. REFUSED
5. PARTLY COMPLETED
6. OTHER \_\_\_\_\_ (Specify)

EDITING (OFFICE USE ONLY)			
	EDITED BY	CODED BY	DATA ENTRY BY

NAME			
DATE			

**Introductory statement to respondent:**

**A. BACKGROUND**

1. How old were you at your last birthday?

\_\_\_\_\_ years

2. What is the highest level of school you attended?

Never been to school .....1 -----> **SKIP TO Q4a**

Primary school .....2

Secondary school .....3

Higher.....4

(specify)

3. What standard or form did you complete at that level?

\_\_\_\_\_

4a. What is your tribe or ethnic group?

Chewa.....1

Tumbuka.....2

Lomwe.....3

Tonga.....4

Yao.....5

Sena.....6

Nkhonde.....10

Ngoni.....11

Nyanja.....12

Mang'anja.....13

Other\_\_\_\_\_77

(specify)

4b. What is your religion?

Muslim.....1

Catholic.....2

Protestant.....3

Traditional religion.....4

No religion.....5

Other\_\_\_\_\_77

(specify)

5. What is your marital status?

Never been married.....1 -----> **SKIP TO Q8**

Married.....2

Divorced.....3

Separated.....4

Widowed.....5

6. How old were you when you first married?

\_\_\_\_\_years

7a. Does your husband have other wives besides you?

Yes.....1

No.....2

DK.....88 ☐ → **SKIP TO Q8**

7b. How many other wives does he have?

\_\_\_\_\_ (number)

## **B. REPRODUCTION**

8. How many children (biological children only, both boys and girls) do you have?

\_\_\_\_\_ (number)

Never given birth.....00 -----> **SKIP TO Q16**

9. How old were you when you had your first child?

\_\_\_\_\_years

10. Have you ever given birth to a son or daughter who was born alive but later died?  
**(PROBE: ANY BABY WHO CRIED OR SHOWED SIGNS OF LIFE BUT SURVIVED ONLY A FEW HOURS OR DAYS)**

Yes.....1

No.....2 -----> **SKIP TO Q13**



11. How many of your children have died?

\_\_\_\_\_ (Number)

12a. Is your last child living?

Yes.....1 ----->**SKIP TO Q13**

No.....2

**IF THE LAST CHILD IS DEAD RECORD:**

12b. Year of death\_\_\_\_\_

12c. Cause of death (CIRCLE ONE):

Measles.....1  
Tetanus.....2  
Fever with rapid or difficult breathing.....3  
Fever with convulsions.....4  
Burns/Accident.....5  
Diarrhea.....6  
Other\_\_\_\_\_7 7  
(specify)  
DK.....88

13. What is the age of your last child?

**(IF CHILD IS DEAD ASK FOR WEEKS/MONTHS/AGE AT TIME OF DEATH  
AND  
INDICATE IF THE CHILD IS ALIVE OR DEAD)**

\_\_\_\_\_ weeks  
\_\_\_\_\_ months  
\_\_\_\_\_ years

**C. FAMILY PLANNING**

14. When you were expecting your last child, did you want to have the child then, did you want to wait until later or did you not want to have any more children at all?

Then.....1  
Later.....2

Not at all.....3  
NA.....4

15. If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?

\_\_\_\_\_ (number)  
DK.....88

16. What is the best number of months or years between the birth of one child and the birth of the next child?

\_\_\_\_\_ years \_\_\_\_\_ months  
Less than one year.....66  
DK.....88

17. Is it important to space your children?

Yes.....1  
No.....2  
DK.....88

18. What are the advantages of child spacing?  
**(RECORD ALL RESPONSES GIVEN BY RESPONDENT)**

Good health for child.....1  
Good health for mother.....2  
Less economic pressure on parents.....3  
Better career development for child.....4  
No need for childspacing.....5  
Other\_\_\_\_\_77  
(specify)  
DK.....88

19. What are the disadvantages of child spacing?  
**(RECORD ALL RESPONSES GIVEN BY RESPONDENT)**

.....1  
.....2  
.....3  
.....4  
.....5  
Other\_\_\_\_\_77  
(specify)  
DK.....88

20a. Do you approve or disapprove of couples using a method of contraception to avoid getting pregnant?

Approve.....1  
Disapprove.....2  
DK.....88

20b. How many times have you discussed with your husband or your boyfriend, family planning.

Never.....1  
\_\_\_\_\_ Number

21. Have you ever used anything or tried in any way to delay or avoid getting pregnant?

Yes.....1  
No.....2 -----> **SKIP TO Q24**  
Never had sex.....3 -----> **SKIP TO Q29**

22. What have you used or done? (**RECORD ALL RESPONSES; PROBE BY ASKING RESPONDENT ABOUT EACH METHOD**)

Pill.....01  
IUCD.....02  
Injections.....03  
Foam/Jelly.....04  
Condom.....05  
Female sterilization.....10  
Male sterilization.....11  
Natural method.....12  
Withdrawal.....13  
Herbs.....14  
Abstinence.....15  
Exclusive breast feeding.....16  
Other\_\_\_\_\_77  
(specify)

23. How many children did you have when you first used a method?

\_\_\_\_\_ (Number)

24. Are you currently doing something or using any method to delay or avoid getting pregnant?

---

Yes.....1 -----> **SKIP TO Q26**  
No.....2 -----> **SKIP TO Q29**  
Currently pregnant.....3

25. How many months pregnant are you?

\_\_\_\_\_months -----> **SKIP TO Q29**

26. Which method are you using? **(MULTIPLE RESPONSES POSSIBLE)**

Pill.....01  
IUCD.....02  
Injections.....03  
Foam/Jelly.....04  
Condom.....05  
Female sterilization.....10  
Male sterilization.....11  
Natural method.....12  
Withdrawal.....13  
Herbs.....14  
Exclusive breast feeding.....15  
Abstinence.....16  
Other\_\_\_\_\_77

(specify)

27. Where do you usually get this method?

District hospital.....01  
Health centre.....02  
Outreach clinic.....03  
CBDA.....04  
BLM.....05  
Private clinic.....10  
TBA.....11  
Grocery/Pharmacy.....12  
Friends/relatives.....13  
Other\_\_\_\_\_77

(specify)

28a. Is it easy or difficult to get to the place where you get your method?

Easy.....1  
Difficult.....2 **(Give Reasons)**

Reason why it is difficult:

\_\_\_\_\_  
\_\_\_\_\_

28b. How far are you from your family planning supplies?

Less than 10 km.....	1	} → <b>SKIP TO Q33</b>
More than 10 km.....	2	
DK.....	88	

29. Do you intend to use a method to delay or avoid pregnancy at any time in the future?

Yes.....	1	-----> <b>SKIP TO Q31</b>
No.....	2	
Not sure.....	3	-----> <b>SKIP TO Q31</b>

30. What is the single main reason you do not intend to use a method?

Wants children.....	01
Lack of knowledge.....	02
Partner opposed.....	03
Other relatives opposed.....	04
Side effects.....	05
Health concerns.....	10
Source too far away.....	11
Methods are unavailable.....	12
Opposed to family planning.....	13
Fatalistic/God's will.....	14
Costs too much.....	15
Infrequent sex.....	16
Can not get pregnant.....	17
Menopausal/had hysterectomy.....	18
Inconvenient.....	19
Not married.....	20
Negative provider attitude.....	21
Other.....	77

(specify)

31. Do you know of a place where you can obtain a method of childspacing?

Yes.....	1
No.....	2

## D. STIs

32. Have you heard about diseases that can be transmitted through sex?  
Yes.....1  
No.....2 -----> **SKIP TO Q36**

33. Which diseases do you know? (**RECORD ALL RESPONSES; PROBE BY ASKING RESPONDENT ABOUT EACH DISEASE**)

Syphilis/Chancroid.....A  
Gonorrhea.....B  
AIDS/HIV infection.....C  
Genital warts.....D  
Trichomoniasis.....E  
Buboes .....F  
Other\_\_\_\_\_W  
(specify)  
Other\_\_\_\_\_X  
(specify)  
Don't know.....Z

34. Now I would like to ask you some questions about your health in the past 12 months. During the past 12 months, did you have any of the above diseases?

Yes.....1  
No.....2 ☐ **SKIP TO Q36**  
Don't know..... 88 ☐

35. Which of the diseases did you have?

Syphilis.....A  
Gonorrhea.....B  
AIDS/HIV infection.....C  
Genital warts.....D  
Trichomoniasis.....E  
Buboes .....G  
Other\_\_\_\_\_W  
(specify)  
Other\_\_\_\_\_X  
(specify)

---

Don't know.....Z

36. During the past 12 months, have you had an abnormal vaginal discharge?

Yes.....1

No.....2

Do not remember.....88

37. During the past 12 months, have you had any itching or irritation in your vulva area?

Yes.....1

No.....2

Do not remember.....88

38. During the last 12 months, have you had a sore in your vulva area?

Yes.....1

No.....2

Do not remember.....88

39. During the past 12 months, have you had severe lower abdominal pain with fever not related to menstruation?

Yes.....1

No.....2

Do not remember.....88

40. During the past 12 months, have you had pain or burning while urinating?

Yes.....1

No.....2

Do not remember.....88

**IF RESPONDENT ANSWERED “YES” TO ANY OF THESE QUESTIONS 34, 36, 37, 38, 39 or 40 THEN ASK Q41, ELSE SKIP TO Q46)**

41. The last time you had (**NAME of DISEASE OR SYMPTOM**), did you seek treatment?

Yes.....1

No.....2 -----> **SKIP TO Q43**

42. Where did you seek treatment?

District hospital.....01  
Health centre.....02  
Outreach clinic.....03  
BLM.....04  
Private clinic.....05  
Traditional healer.....10  
Grocery/Pharmacy.....11  
Friends/relatives.....12  
Other \_\_\_\_\_77  
(specify)

43. When you had (**NAME of DISEASE OR SYMPTOM**), did you inform your partner?

Yes.....1  
No.....2

44. When you had (**NAME of DISEASE OR SYMPTOM**), did you do something not to infect your partner(s)?

Yes.....1  
No.....2  
Partner already infected.....3 ☐ → **SKIP TO Q46**

45. What did you do?

No sexual intercourse.....1  
Used condoms.....2  
Took medicines.....3  
Other \_\_\_\_\_77  
(specify)

46. We may already have talked about this. Have you ever heard of an illness called AIDS?

Yes.....1  
No.....2 -----> **SKIP TO Q60**

47. Which is your single main source of information on HIV/AIDS?

Never heard of HIV/AIDS.....01  
Radio.....02  
Newspaper.....03  
Health worker.....04  
Mosque.....05  
Church.....10  
School.....11  
Adult community group.....12



Youth community group.....13  
 Community meetings.....14  
 Friends/relatives.....15  
 Posters/booklets/pamphlets.....16  
 None.....17  
 Other\_\_\_\_\_77  
 (specify)

48. Is HIV/AIDS transmitted through.....

a. shaking hands?	Yes....1	No....2	DK....88
b. kissing?	Yes....1	No....2	DK....88
c. sexual intercourse?	Yes....1	No....2	DK....88
d. sharing cooking utensils?	Yes....1	No....2	DK....88
e. mother to child during preg/del?	Yes....1	No....2	DK....88
f. mother to child in breast milk?	Yes....1	No....2	DK....88
g. mosquito bites?	Yes....1	No....2	DK....88
h. blood transfusion?	Yes....1	No....2	DK....88
i. needles/blades/skin punctures?	Yes....1	No....2	DK....88

49. Can a person protect himself/herself from getting HIV/AIDS?

Yes.....1  
 No.....2  
 DK.....8

☐ → **SKIP TO Q51**

50. What can a person do? **(MULTIPLE ANSWERS. PROBE BY ASKING “ANY OTHER WAYS?”)**

Do not have sex at all.....01  
 Limit number of sexual partners.....02  
 Stay in a mutually monogamous relationship.....03  
 Always use condoms during sex.....04  
 Use new or sterilized syringes or needles.....05  
 Avoid prostitutes.....06  
 Other1\_\_\_\_\_77  
 (specify)  
 Other2\_\_\_\_\_77

- 
- (specify)
- DK.....88
51. Is it possible for a healthy-looking person to have the AIDS virus?
- Yes.....1  
No.....2  
DK.....88
52. Can AIDS be cured?
- Yes.....1  
No.....2  
DK.....88
53. Do you personally know someone who has AIDS or has died of AIDS?
- Yes.....1  
No.....2  
DK.....88
54. Do you think your chances of getting HIV/AIDS are small, moderate, great or no risk at all?
- Small.....1  
Moderate.....2 ☐ → **SKIP TO Q56**  
Great.....3 ☐  
No risk at all.....4  
Already infected.....5 ☐ → **SKIP TO Q60**  
Do not know.....8 ☐
55. Why do you think that you have no risk/a small risk of getting HIV/AIDS?  
**(RECORD ALL RESPONSES; PROBE BY ASKING "ANY OTHER REASON?")**
- Do not have sex.....1  
Always use condoms.....2  
In a mutually monogamous relationship.....3  
Have limited number of sex partners.....4  
Have no blood transfusions and may never have it.....5  
No injections or always use new or sterilized needle/blades.....6  
Other.....77  
(specify)
56. Why do you think you have a moderate or great chance of getting HIV/AIDS?
-

---

**(RECORD ALL RESPONSES; PROBE BY ASKING "ANY OTHER REASON?")**

Do not always use condoms.....1  
Have more than one sex partner.....2  
Spouse has other sex partners.....3  
Received blood transfusion or likely to receive it.....4  
Use of unsterilised needles/blades.....5  
Spouse/sex partner has HIV/AIDS or died of it.....6  
Other\_\_\_\_\_77  
(specify)

57. Since you heard of AIDS, have you changed your behavior to prevent getting AIDS?

Yes.....1  
No.....2 -----> **SKIP TO Q59**

58. What did you do?

**(RECORD ALL RESPONSES; PROBE BY ASKING "ANY OTHER REASON?")**

Didn't start sex.....01  
Stopped all sex.....02  
Started using condoms.....03  
Restricted sex to one partner.....04  
Reduced number of partners.....05  
Avoid sex with prostitutes.....06  
No more homosexual contacts.....10  
Stopped injections.....11  
Asked spouse to be faithful.....12  
No change in sexual behavior.....13  
Other\_\_\_\_\_77  
(specify)  
Other\_\_\_\_\_77  
(specify)

59. How has your knowledge of AIDS influenced or changed your decisions about having sex or your sexual behavior?

Didn't start sex.....01  
Stopped all sex.....02  
Started using condoms.....03  
Restricted sex to one partner.....04  
Reduced number of partners.....05  
Avoid sex with prostitutes.....06  
No more homosexual contacts.....10

---

Stopped injections.....11  
Asked spouse to be faithful.....12  
No change in sexual behavior.....13

Other\_\_\_\_\_77  
(specify)

Other\_\_\_\_\_77  
(specify)

60. Have you ever heard of people using condoms to avoid getting AIDS or other sexually transmitted diseases such as gonorrhoea during sexual intercourse?

Yes.....1  
No.....2  
DK.....88

61. We may already have talked about this. Have you ever used a condom during sex to avoid getting or transmitting diseases, such as AIDS?

Yes.....1  
No.....2  
Never had sex.....3 -----> **NEVER HAD SEX = "999" -----> SKIP TO END**

62. Have you had sex with a non-regular partner in the last 12 months? By non-regular partner I mean a person whom you do not see on regular basis.

Yes.....1  
No.....2 -----> **SKIP TO Q64**

63. Did you use a condom the last time you had sex with your non-regular partner?

Yes.....1  
No.....2  
Do not remember.....88

64. How old were you when you first had sexual intercourse?

\_\_\_\_\_years

65. Have you given or received money, gifts, or favors in return for sex at any time in the last 12 months?

Yes.....1  
No.....2  
Do not remember.....88

**THANK RESPONDENT FOR HER TIME AND COOPERATION**

**INTERVIEWER'S OBSERVATIONS**  
**(To be filled in after completing interview)**

Comments about respondent:

---

---

---

---

---

---

---

Comments on specific  
questions:

---

---

---

---

---

---

---

**SUPERVISOR'S OBSERVATIONS**

---

---

---

---

Name of supervisor \_\_\_\_\_ Date \_\_\_\_\_

**EDITOR'S OBSERVATIONS**

---

---

---

---

---

---

---

Name of editor \_\_\_\_\_ Date \_\_\_\_\_